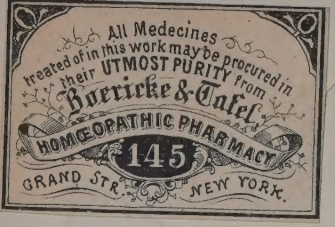
COUNTWAY LIBRARY
HC 19CK S

A MEDICAL HANDBOOK FOR MOTHERS.


All Medecines
treated of in this work may be procured in
their UTMOST PURITY from
Boericke & Tafel,
HOMŒOPATHIC PHARMACY
145
GRAND STR. NEW YORK.

A MEDICAL HANDBOOK FOR MOTHERS.

A

MEDICAL

HANDBOOK FOR MOTHERS:

OR

HINTS FOR THE MANAGEMENT OF HEALTH
AND THE TREATMENT OF THE DISORDERS COMMON DURING
PREGNANCY AND INFANCY.

BY

ALFRED C. POPE, M.D.,

MEMBER OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND;
HONORARY MEDICAL OFFICER OF THE BLACKHEATH DISPENSARY;
FELLOW OF THE BRITISH HOMŒOPATHIC SOCIETY;
FORMERLY PRESIDENT OF THE NORTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

LONDON:
HENRY TURNER & CO., 77, FLEET STREET, E.C.
MANCHESTER: 41, PICCADILLY.

1873.

BOSTON MEDICAL LIBRARY
IN THE
FRANCIS A. COUNTWAY
LIBRARY OF MEDICINE

LONDON:
ALVEY & BOULTON, PRINTERS,
24, WHITE STREET, E.C.

TO

GEORGE DUNN, Esq., M.D.,

OF DONCASTER,

AND

JOHN C. SMART, Esq., M.D.,

OF TUNBRIDGE WELLS,

TWO OF HIS OLDEST AND MOST VALUED PROFESSIONAL FRIENDS, THE FOLLOWING PAGES ARE GRATEFULLY INSCRIBED

BY THE

AUTHOR.

PREFACE.

This little book is designed to assist the young wife and mother in the management of her health, and in providing for the wants of her infant. Its publication has been prompted by the frequency with which I have been requested by my own patients, to recommend to them a work from which they might derive the kind of information here set forth.

In treating the subjects brought under notice, I have endeavoured first of all to explain the physiological principles, which are our guides in all that concerns the maintenance of health. The lessons they teach I have endeavoured to enforce in describing the manner of living the expectant mother must adopt, to enable her to enjoy her usual health, and to avert the accidents incidental to her condition.

Means of remedying those occasional indispositions to which she is specially prone, I have also explained and indicated.

The entire ignorance of how an infant requires to be managed, in which a young mother finds herself at the birth of her first-born, is everywhere acknowledged and very generally felt. To assist in removing this ignorance, and in preparing the young wife for the duties of a mother, the details of nursery arrangements, including feeding, clothing, etc., have been fully entered into. The kinds of disordered health to which infants are chiefly liable, the circumstances calculated to excite illness, and the surest means of remedying it which experience has hitherto suggested, are treated of as fully as the occasion has seemed to require, and with as much simplicity as possible.

The instructions I have given are for the most part dogmatically stated, as any elaborate argument to prove their correctness would be altogether out of place in a work of this kind, and would probably confuse and obscure the information it contains, rather than serve any useful purpose.

In conclusion I can only express a hope this *Medical Handbook* may prove as serviceable to those for whose advantage it has been written, as I have anxiously endeavoured to render it.

LEE ROAD,

LONDON, S.E.

April 11th, 1873.

CONTENTS.

CHAPTER I.

Health and Disease.—Causes of Disease.—Nutrition.—Food.—Digestion.—Air.—Respiration.—Ventilation.—Water.—Excretion.—Lungs.—Bowels.—Purgatives.—Kidneys.—Diuretics.—Skin.—Cleanliness.—Exercise.—Nervous System.—Summary.—Disease, its Nature.—Its Treatment.—Hygienic and Medicinal Remedies.—Different Methods of Prescribing Medicines.—Homœopathy.—Evidence of its Truth.—Advantages of Homœopathy.—Medical Men Practising Homœopathy.—Opposition to Homœopathy.—Reasons for adopting Homœopathy as a basis for the Selection of Remedies.

CHAPTER II.

Indications of Pregnancy.—Cessation of the Menstrual Period.—Morning Sickness.—Enlargement of the Breasts.—Altered appearance of the Nipples.—Expansion of the Abdomen.—Quickening.—Value of these Indications.—Medical Examination necessary in doubtful cases.—Calculation of the date of a confinement.—Table of dates.

CHAPTER III.

Importance of attention to health during Pregnancy.—Diet.—Amount of Food.—Regularity of Meals.—Kind of Food.—Alcohol.—Pure Air.—Respiration.—Ventilation.—Exercise.—Walking.—Driving.—Riding.—Dancing.—Dress.—Bandages.—Bathing.

CHAPTER IV.

Pregnancy a state of health, not one of disease.—Disorders occurring in some cases.—Sympathetic disorders.—Vomiting or morning sickness.—Heartburn.—Salivation.—Toothache. — Constipation.—Piles. — Headache. — Fainting. — Sleeplessness,—Mental Depression.—Pains in the Side and Cramps.—Irritation of the Skin of the Abdomen.—Pendulous Abdomen.—Miscarriage.

CHAPTER V.

Preparation for confinement to be made early.—The Monthly Nurse.—Choice of one.—Her Duties.—Breast and Nipples.—Infants Basket and Cot.—State of the Bowels.—Lying-in room.—Preparation of the Bed.—Dress during Labour.—Friend in Attendance.—Duration of Labour.—False Pains.—Symptoms of approaching Labour.—Shows.—Breaking of the Waters.—Birth of the Child.—Tying the Cord.—After Birth.—Binder.—Rest after Delivery.—Faintness.—Flooding.—After Pains.—Smarting.—Cleansings.

CHAPTER VI.

Changes during late years in the mode of treating a patient after confinement.—State of the Patient's Room.—Diet.—Rest.—Time for going out.—Condition of the Bladder.—Constipation.—Milk.—Nursing.—Obstacles to Nursing.—Dress during Nursing.—Regularity in Nursing.—Influence of emotional excitement upon the milk.—Diet during Nursing.—Dispersing Milk.—Artificial feeding of an infant.—Wet Nurse.—Weaning.—Indications for its necessity.—Process of.—Sore Nipples.—Abscess of the Breast.

CHAPTER VII.

Signs of vitality in the infant at birth.—Apparently Still-born Infants.—Management of them.—Washing and Dressing an Infant—Feeding an Infant.—Physiology of Infant Life.—Importance of the study of Physiology.—Infant Helplessness.—Hereditary Disease.—The Nervous system.—The Heart.—The Lungs.—The Liver.—The

Stomach.—Bowels.—Animal Heat.—Kind of Food.—Consequences of Unsuitable Food.—Quantity of Food.—Regularity in Feeding.—Cleanliness of the Feeding Vessels.—Feeding after Six Months.—Indications of Food agreeing.—Summary of remarks on Feeding.—Personal Cleanliness.—Clothing.—When to take an infant into the open air. — Walking. — The Nursery. — Cisterns. — Foul Air.—Cistern Filters.—Sleep.—Nurse-maid.

CHAPTER VIII.

Vaccination.—Senseless Opposition to Vaccination.—Importance and Safety of Vaccination.—Time for Vaccinating.—Precautions necessary in Vaccinating.—Appearance.—Course of the Vaccine Vesicle.

CHAPTER IX.

Value of skilled Medical Advice.—Selection of a Medical Attendant.—Advantages of homœopathy over the old system—Indications of an impending illness in an infant.—Inflammation of the Eyes.—Inflammation and Rupture of the Navel.—Swelling of the Breasts.—Teething.—Thrush. — Indigestion. — Constipation. — Diarrhœa.—Jaundice.—Catarrh. — Bronchitis. — Croup. — Child's Crowing.—Diphtheria.— Excoriations.— Erythema.—Erysipelas.— Roseola.—Eczema.—Burns and Scalds.—Stings of Insects.

LIST OF MEDICINES.

CHAPTER I.

HEALTH; DISEASE; REMEDIES.

Of all the temporal blessings within man's reach none is more excellent, none more anxiously yearned for when lost, yet none is less reflected on when possessed than HEALTH. The knowledge of how health may be preserved is not instinctive, does not come without study, without thought; and yet, how little of either thought or study is bestowed upon it by any who are not professionally occupied in what concerns it! Far more important is it that every man and every woman should be familiar with well ascertained physiological principles than that they should have a mere smattering of information concerning the virtues of a few popular remedies. By the observation of certain natural laws it is comparatively easy to retain sound health;—but when health is lost, the measures necessary for its recovery are very generally such as require a special education and some experience in their application, for their right management.

In what then do health and disease consist?

For all practical purposes health may be said to consist in the regular and painless performance of all the functions of the body; in the possession of strength to labour, of a capacity for enjoyment and of ability to cope with the various emergencies of life.

Disease, on the other hand, is regarded as "any departure from the structure or functions of the body as these are shown to us in health." (Russell Reynolds). When illness is felt, work is a weariness, what once was pleasure becomes a trouble, an unexpected call upon either mind or body is responded to but feebly or not at all.

The cause of nearly all the ill health that surrounds us may be found in some infringement of one or more of those natural laws which govern the functions of the body. Ignorance of physiology or a carelessness of its teachings are mainly responsible for the occurrence of the majority of cases of disease.

The end subserved by what are termed the functions of the body is the nutrition of the whole. Nutrition may be divided into two processes those of secretion and of excretion. By the former, materials taken into the body are adapted to supply the place of that waste of tissue which is constantly proceeding, while by the latter this waste is removed.

Perfect nutrition is therefore essential to perfect health.

The sources whence nutritive materials are obtained are food, air, and water; in their conversion into a form adapted to repair and in their conveyance to the various tissues composing the body, the stomach, liver, glands, lungs, heart and blood are occupied. The worn out and decaying portions of the frame are removed through the agency of the blood, the lungs, the kidneys, the intestines and the skin. Influencing all these functions, whether of secretion or excretion, is the nervous system.

Food constitutes the basis of the material, out of which the blood, circulating through every nook and cranny of the frame, is formed. Healthy nutrition depends upon the purity of blood, and purity of blood is obtained from wholesome, easily and thoroughly digested food. To be wholesome, food must be simple; such as is rich and such as is tough, is sure to over tax the energies of those organs whose business it is so to reduce it as to extract from it its life sustaining, tissue renewing properties. If the powers of these organs are too much drawn upon, the food taken is not digested, weakness instead of strength results, dyspepsia and not health is the consequence. Similar effects ensue upon taking food in

too large a quantity at one time. Appetite is, in health, the true measure of the capacity for digestion. To eat more than is felt to be necessary gives rise to indigestion, flatulence and imperfect nutrition. A mixed diet, that is variety in the kind of food, is also a condition of healthy nutrition. All attempts to exist on one kind of aliment have ever turned out failures, for no one sort of food is capable of providing all the constituents of pure blood.

An exclusively animal diet requires for its digestion a greater amount of power than our digesting apparatus is constructed to evolve. One that is wholly made up of fat or of starchy matters such as bread, contains (with the exception of a very nominal amount in bread) no nitrogen — an element constituting a most important part of the tissues of the body. Hence as each class of food supplies some materials not afforded by another, and as *all* are required to build up the human frame, a mixed diet consisting of animal, fatty, starchy and mineral materials is that which most completely fulfils the demands of nutrition.

Regularity in the hours at which food is taken is necessary to ensure its digestion being carried on with facility. This arises from the fact that the secretions, by the operation of which this process is

conducted—the saliva—gastric juice—bile and pancreatic fluids—are poured out in sufficient quantities only at certain intervals, and these intervals are very greatly, if not entirely, under the control of habit.

Pure air is no less necessary to promote healthy nutrition than is wholesome food. During inspiration the blood passing through the lungs is exposed to the air they have drawn in. The result of this exposure is that the carbonic acid gas contained in the blood is exchanged for oxygen; the impure venous becomes the pure arterial blood. The carbonic acid gas formed from the *dèbris* of the tissues is *ex*pired and the oxygen of the atmosphere is *in*spired. If, however, the air is contaminated with the results of the decomposition of organic matter, or is charged with the exhalation of carbonic acid proceeding from a number of persons, the change requisite for the purification of the blood is only imperfectly effected. Together with the oxygen impure gases are absorbed. The blood becomes unhealthy and incapable of nourishing the body to the extent necessary to sustain it in vigour. Hence it is that close rooms where the atmosphere is loaded with an undue proportion of carbonic acid gas, and that the breathing of air mixed with gases generated in drains and from decomposing animal matter tend to

create disease. The blood — the great source of nutrition—is poisoned; and its poison is conveyed throughout the entire body.

The thorough ventilation of all rooms, the immediate removal of all foul matters from bedrooms and nurseries, a complete system of drainage—with ample protection against the chances of the gases developed in drains obtaining access to a house—are all equally necessary to the maintenance of that atmospheric purity which is essential to health and without which disease cannot be avoided.

Water is the natural drink of human beings, and for it no other fluid is a substitute. Its purity is a matter of high importance. When containing the gases produced by decaying matter, water is a source whence fatal diseases such as typhoid fever, diarrhœa, dysentery and cholera arise. The numerous opportunities which exist for the contamination of well water, and the carelessness which characterises the management of too many of our water companies render it necessary that all water should be well filtered before it is used as a beverage. Filtration through charcoal certainly deprives water of freshness, but this is much more easily endured than its contamination with those health disordering materials which charcoal renders innocuous.

Healthy nutrition requires not only wholesome food, an untainted atmosphere, and pure water, but a free exit for all the decaying particles of the tissues. In man as in all animals, there is throughout life a constant succession of new tissue to take the place of that which, having fulfilled its office, has become disintegrated and requires removal. The retention of such matter in the system interferes with nutrition, excites disease, and in some notable instances disease of an exceedingly serious nature. That the organs by which such *dèbris* is removed may perform their excreting functions perfectly, little more is required than abstinence from directly irritating them.

A large portion of the waste matter is removed from the body in the form of carbonic acid gas in the process of respiration. With this gas the venous blood is charged. Arrived at the lungs and exposed to the air, oxygen is absorbed during inspiration and carbonic acid emitted during expiration. For the perfection of this process, pure atmosphere, the necessity for which has already been insisted upon, together with regular exercise, is all that is required.

Through the intestines those portions of the food which are incapable of affording nourishment are passed out of the body. The evacuation of the bowels will take place without any other aid than that

afforded by the cultivation of regular habits. All purgatives are not only needless but injurious in ordinary health, and save under very exceptional circumstances are equally unnecessary, and still more hurtful in disease. All purgative drugs impair nutrition, and weaken the bowel. They do so by diminishing the appetite, and altering the natural secretions both in quantity and quality; while by their stimulating action upon the muscular and mucous structures of the intestines, they irritate and therefore lessen the strength of the bowels. Dr. Yeldham has in the following passage from his work entitled *Homœopathy in Acute Diseases*, explained *the rationale of the action of a purgative* extremely well. He says at p. 21 (2nd edition). "If (to use a familiar illustration) we introduce any irritating substance, such as sand or dust into the eye, its natural secretion is instantly augmented: a copious flow of tears ensues, in other words it is *purged*. The part at the same time becomes red, painful and inflamed. If this be done only once, the injury, under the restorative power of nature, in all likelihood speedily subsides. But let the operation be repeated again and again for days, weeks, years! what would then be the result? the organ for all its natural purposes would be destroyed, losing its functional powers it would become

a source of constant trouble and suffering to its unhappy owner.

"In this we have as nearly as possible a parallel to the action and effect of purgatives upon the intestinal canal: with this difference—that in the one case the mischief may be seen and appreciated; in the other though not less certain and enduring, it is hid from our sight and is therefore less thought of, less understood."

If we supply the stomach with simple, nutritious food at definite intervals, live in a pure atmosphere, take a certain amount of vigorous exercise in the open air every day, and solicit an action of the bowels at a regular period once in each twenty-four hours, this form of excretion will give us no trouble.

The kidneys constitute the medium through which a large quantity of the waste fluids holding in solution some other very important waste materials are extruded from the body. The delicate structure of these organs is never more injured than when irritating fluids are allowed to distil through them, of these alcohol is one of the most common. Much injury is occasionally done by the action of a class of medicines termed *diuretics*, given with the view of stimulating the kidney to increased efforts at excreting fluid. They all tend to promote a determination of

blood to the organ, and to impose upon it a work beyond its natural capacity to perform. The result of all such irritation is weakness, and therefore an imperfect performance of the office the kidney was designed to accomplish. In advanced chronic organic disease of the heart or liver, where dropsy is considerable, an artificially excited excess of action on the part of the kidney may be the less of two evils. But to maintain a healthy excretion of urine abstinence from irritating fluids is of great importance.

The skin provides an extensive surface, through which the products of the wear and tear of the body, are passed in a state of solution. This fluid, the perspiration, is secreted in small glands embedded in the skin, the openings or pores of which are on the surface. According to the observations of Mr. Erasmus Wilson there are on an average 2,800 of these pores, on every square inch of the body! Through them the secretion of the glands of which they are the outlets is constantly being thrown off. "Although a separation of fluid by this extensive glandular apparatus is continually taking place, yet this fluid, being usually carried off in the form of vapour as fast as it is separated, does not ordinarily accumulate so as to become sensible. If, however, from the increased amount of the secretion, or from

the condition of the surrounding air, the whole fluid thus poured out should not evaporate, the residue forms minute drops upon the surface of the skin. Thus the sudoriparous excretion may take the form either of *sensible* or *insensible* transpiration; the latter being constant, the former occasional." (Carpenter's *Principles of Human Physiology* 7th Ed. p. 472).

The necessity to secure perfect freedom, for the passage through these openings of the excretions they are designed to eliminate may be obvious to all. And no less clear is it that outlets so minute may be very easily obstructed by the deposition of the solid matters, contained in the vapour or fluid exuding from them. To maintain this necessary freedom, and to prevent the accumulation of matters calculated to interfere with it, daily ablution is requisite. It is by keeping the skin clean, and by the refreshing and stimulating action of cold water upon it, that bathing and washing the entire body, has so beneficial an influence upon health. Exercise promotes the activity of the skin, and in so doing, assists it in the complete performance of its function. Sudden exposure to cold checks its action, thereby throwing a greater burden of eliminating duty, upon the lungs and kidneys than they are constituted to bear. Thus

it happens that congestions so frequently occur in these organs, as the result of a sudden check to the perspiration. Dr. Carpenter, in the work just quoted from, says, "there can be no doubt whatever, that imperfect action of the Cutaneous glandulæ, consequent upon inactive habits of life and want of ablution, is a very frequent source of disorder of the general system; occasioning the accumulation of that decomposing organic matter in the blood, which it is the special office of these glandulæ to eliminate. Hence the due maintenance of health, requires that this excretion should be promoted by the use of natural and appropriate means." [p. 476. 7th, Ed.]

Exercise—active exercise in the open air is not only conducive to health but is—*cæteris paribus*—essential to its existence. All motion tends to rouse functional activity, and in so doing assists the excretory organs—the skin, the lungs, and the kidneys in the performance of their respective offices. By the exertion of walking, of riding, of taking part in out-door games the circulation is stimulated, the exposure to pure air compels healthy respiration, insuring complete depuration and perfect renovation of the blood. The nervous system, under the influence of pure air, active circulation, and rapid muscular motion becomes strengthened, cleared,

"braced," as it is termed. If, on the other hand, daily exercise is avoided, the appetite fails, unhealthy accumulations of fat take place, the spirits droop, and a general state of languor becomes established.

Dominating every function of the body, stimulating, regulating each, is the nervous system. That its great centres—the brain and spinal cord—may be kept in a condition able to act efficiently, a certain amount of rest must be permitted to them daily. Sleep is indeed "tired nature's sweet restorer," and without a due allowance of sleep nutrition cannot be carried on so as to sustain life in health and comfort. Denying the brain that rest which sleep alone can give is to over-tax its energies. There is at the present time—when the struggle for existence is so great—when the pace at which we live is so rapid—no more fruitful source of disease than that of an over-wrought nervous system.

To sum up the observations which have been made, sound health requires :—

1. That food be simple, varied in kind, and taken regularly.
2. That the atmosphere in which we live be pure.
3. That the water we drink be untainted.
4. That the bowels be encouraged to empty themselves daily.

5. That the skin is thoroughly cleaned every morning.

6. That exercise in the open air is taken regularly.

7. That an adequate amount of rest in sleep is ensured.

Ill-health, or disease, as it is termed, is due in nearly all instances to neglect of one or other of these obligations. The observance of them is the condition upon which we hold our health. It is true that exposure to contagion alone is sufficient to induce certain forms of fever. But at the same time the result of such an exposure is, as a rule, much less serious in one who has lived in strict conformity with physiological laws than it is in one who has been regardless of them.

The idea that disease is a something which enters the body, and requires to be more or less violently expelled, is an erroneous one. Disease is no addition to the body, but simply a modification of its natural condition in one or more of its parts. Take as a very simple and equally common example an ordinary cold or catarrh. The fluid which pours out of the nose and from the eyelids is but an increase in the quantity of the secretion which naturally moistens the mucous surfaces of these organs. The

sensation of chill arises from the function of the skin being more or less checked in its action.

Disease, then, being a modification of the natural processes going on in one or more of the organs or tissues of the body, and not a something which, like a tapeworm, having obtained admission into it, must needs be cast out, ere a cure can be effected, the notions which have existed of sweating one disease away, or purging another out are erroneous, and have led to much violent and mischievous practice.

The aim of a physician in his endeavour to cure disease is to restore the lost balance of the organ or organs creating that modification of those functions which gives rise to the symptoms the patient details to him. To accomplish this purpose he must bring to bear upon these disturbed parts every influence to which they are amenable. Such influences are various; and though the administration of drugs or medicines is one of them, it is far from being the only one. Every disorder requires several remedies, while each of them is in itself but partially a remedy. Successful treatment involves the due and carefully adapted use of all agencies calculated to have a remedial influence. In illustration of the meaning here attached to the word remedy, the treatment of a common cold may be adduced. We

have in such a case to deal with a certain amount of febrile excitement, a chilled skin, a discharge of mucous from the eyes and nose, some weakness, with increased susceptibility to cold air. To enable the skin to recover a healthy action, to moderate the circulation, to reduce the secretion of the mucous membranes of the nose and eyes, to restrain weakness, and to restore the tone of the system are the indications our remedies have to fulfil. These consist in placing the patient in an atmosphere the temperature of which is warm and equable, in insisting upon an amount of rest unnecessary in ordinary health, in directing a diet appropriate to his somewhat enfeebled power of digestion, and yet adequate to compensate for the increased waste engendered by the febrile state and the irritation of the mucous surfaces, in guarding him against exposure to chills, in adapting his clothing to his diminished power of resisting cold, and in prescribing such medicine as is known to have a directly modifying influence upon the tissues manifesting irritability. Each instruction is, as far as it goes, a remedy in catarrh; but each, taken separately, would be inadequate to cure with that rapidity which is desirable, or to prevent the development of the irritation in the nose and eyes proceeding to the throat, the windpipe and the bronchial tubes, and so setting up bronchitis.

In order for a sick person to recover his health he must regard every piece of advice given to him by his medical attendant as a remedy. Too often all that is heeded by a patient is the prescription he gets for a certain medicine or medicines. The very general result of such a course is disappointment, and the lack of improvement is as frequently ascribed to the unskilfulness of the doctor. It never occurs to such an one that the continuance of his illness is entirely due to his own thoughtlessness, to his having but very partially fulfilled the directions of his physician. He has omitted the weightier matters of the law, and has only paid tithe of physic-taking! He has endeavoured to compromise matters with offended nature by swallowing medicines with a praiseworthy punctuality, and he finds to his cost that nature declines to be compromised with.

Nevertheless, the administration of drugs is an invaluable means of correcting those disturbances of the animal organization which constitute disease. The utility of drugs is of course dependent upon the principles on, and the manner in which they are prescribed. A drug-medicine is in many, if not in most instances, a substance which, taken in a large quantity, destroys life by its deleterious action upon some organ or tissue; while in all instances some

degree of disturbance will be induced by the very simplest of these substances. By prescribing them in disease the physician endeavours so to utilize their properties as to correct, direct, or reduce morbid action. Experience has shown that it is not only possible to apply them in this way, but that, when judiciously used, they materially assist in the restoration of health.

By the physiological or hygienic remedies recently glanced at, a patient is placed in circumstances adapted to his state of health, or of ill health; and, in so far, is prevented from getting worse in the first place; while in the second, such measures enable him to keep up his strength as far as his disorder admits of his doing. By medicines, again, we directly modify the state of the tissues, in which disease is situated. The former are therefore indirect, the latter direct means of cure, or remedies; but both are of equal importance in securing a rapid recovery. No patient can safely afford to neglect the use of either.

It is in the manner in which this power of drugs to influence the organism is wielded in the treatment of diseases, that the difference between a homœopathic and a non-homœopathic physician consists. So far as dietetic and hygienic remedies are concerned both are agreed. The same methods of operating

surgically are pursued by both. In their modes of investigating disease, both proceed in precisely the same manner. But in prescribing medicines, and in their way of ascertaining the remedial properties of medicines, homœopathic and non-homœopathic physicians differ widely.

The non-homœopathic physician orders a drug with the view of exciting some fresh abnormal action, he who practises homœopathy directs his medicinal remedy, so as to act only upon that which already exists. For example, in a patient suffering from a dyspeptic headache—the non-homœopathic physician prescribes a purgative draught; that is to say, he induces an artificial diarrhœa. The homœopathist on the other hand, gives his patient a medicine specifically adapted to the disordered condition of the stomach provoking the headache. Is a patient sleepless and excitable—the non-homœopathist stupefies him with an opiate, entirely forgetting that the sleep of an opiate is just as morbid, as the sleeplessness of excitement. The homœopathist in such a case prescribes a medicine, calculated to remove the disordered condition producing the sleeplessness.

The principles on which homœopathic and non-homœopathic physicians choose their drug-remedies are therefore essentially different. In the one case,

medicines are given so as to produce their full action upon some portion of the body, hitherto more or less healthy; in the other, they are selected and prescribed in a manner designed to operate only upon that which is diseased.

On reading a statement of this kind, the first enquiry every one will make is, whether the homœopathic or specific mode of using medicines is as successful in curing disease, as is that older and more popular method the non-homœopathic, allopathic or general plan. To such an enquiry, experience alone can give an answer. Further, the experience which has been obtained, can only be presented in a statistical form; it is only by a comparison of the number of recoveries from a given form of disease under homœopathic treatment, with results obtained, in the same disorder under non-homœopathic care, that we are able to estimate, in a written statement, the relative value of the two methods. It must not be forgotten however, that statistics, although they may be prepared with as much care as is possible, and with the most scrupulous desire to arrive at the truth, are never more fallacious than when used for the purpose of ascertaining the advantages or disadvantages of rival therapeutic methods. Patients differ so widely in their individual powers of resisting dis-

ease, the same disorder manifests itself with such various degrees of severity in different instances, and the non-medicinal influences calculated to promote or retard recovery are so inconstant at one time and another, and in one locality and another, that it is a matter of no small difficulty to secure accurate conclusions respecting treatment from the generality of medical statistics. At the same time a tolerably correct approximation to truth may be deduced from statistics derived from large numbers of cases treated under circumstances in all respects as nearly as possible similar, save in the principles upon which the medicines are given.

In the following statistical evidence of the superior control which homœopathic as compared with non-homœopathic remedies exert over disease, these two conditions of large numbers and similarity of surrounding circumstances will therefore be carefully regarded:—

1. The late M. Tessier, for many years a well-known allopathic physician in Paris, was one of the physicians to the Hôpital Ste. Marguerite, and subsequently to the Hôpital Beaujon. He there investigated homœopathic treatment, and has given the results he obtained in his published works.* During

* *De la Medication Homœopathique, &c.*, Bailliere, Paris, 1852.

the years 1849, '50, '51, there were admitted into the two wards under his care 4663 cases. The number of deaths during this time was 393, or 8·55 per cent., or 85 per 1000. In the *same* hospital and during the *same* period, there were in the other wards 3,724 admissions, with a mortality of 411, or 11·03 per cent., or 110 per 1000.

M. Tessier had 100 beds under his charge; his allopathic colleagues had 99. With only one additional bed he was able to receive during these three years 939 more cases than they were. There could be no other cause for this difference than the greater rapidity with which, through homœopathy, M. Tessier was able to fit his patients for leaving the hospital.

In this, as in all public hospitals in Paris, the admissions were without the intervention of the physician, save in a very small number of cases. The patients were for the most part admitted by non-medical officials, and sent to such wards as had vacant beds. There was, therefore, no possibility of any selection of cases. One physician was as likely to have a severe case placed under his care as another.

Here, then, we have an example of a *large number* of cases occurring during the *same period* of time, in the *same hospital* and under *similar circumstances.*

One portion is treated homœopathically, another allopathically. The mortality among the former is 2·48 *less* than among the latter; and the duration of illness is so much shorter among the former than the latter, that during these three years M. Tessier was able to accommodate 46 patients in each bed, while his colleagues were only able to receive 37.

2. In another French hospital* similar results have been arrived at; though here the circumstance of *time* cannot be taken into account. From 1856 to 1862 the late M. Liagre, the physician to the Hospital at Roubaix, treated his patients allopathically. The mortality was at the rate of 19·26 per cent. In 1863 his treatment was homœopathic, and the mortality was reduced to 13·70, while during the following year it was 12·97. M. Liagre, in his report to the Administrators of the Hospital, further notices that the greater rapidity with which his patients recovered after he adopted homœopathy enabled him to admit a much larger number of patients into his 40 beds than he could do while treating them allopathically. In 1862 he had only 348 admissions; in 1863, 416; and in 1864, 479. It must be also observed that his beds were always full during *each* year. So that, as he remarks, "it will be seen that in 1863, 68 patients

* *Bull. de la Soc. Méd. Hom. de France*, Octobre, 1865.

and in 1864, 130 patients could be received into the hospital in consequence of homœopathic treatment, who would have been excluded for want of room had the old system been continued."

Here we have a long series of cases, treated by the same physician, in the same hospital, in which by a change in the mode of prescribing drug-remedies from allopathy to homœopathy, a saving of life to the extent of 7 per cent. was effected, while the rapidity of recovery was so much increased, that he was able to receive into the same number of beds, more than one third more cases of disease, than he had been able to do before he made the alteration in his treatment.

3. The cases represented in the following tables were all derived from the *same class* of population, in the *same city*, occurred during the *same period* of time, and in *institutions* altogether *similar* in their mode of management; the results obtained are therefore peculiarly valuable in assisting us to ascertain which method of treatment is the more serviceable in saving life, and shortening the duration of illness.

In the city of New York there were, during the twelve years, ending with 1854, five Orphan Asylums. In four the medical treatment was non-homœopathic, and during these twelve years, the average number of

orphans received into each Asylum was 3568·5. The mortality in these was at the rate of 1 in 41, or 2.10 per cent. In the Protestant Half Orphan Asylum, where the treatment was homœopathic, the number received in the twelve years, ending with 1854, was 3,075; the mortality 1 in 146, or ·68 per cent. Showing the rates of mortality under allopathic treatment, as compared with homœopathic, to be more than 3 to 1.

4. Of two Asylums for foundlings and miserable sickly orphans in New York, one under allopathic treatment admitted during four years, ending 1856, 10,129 children, and the deaths numbered 585, or 1 in 17. In the other, under homœopathic treatment, 1,210 were admitted during the same period of time. Thirty deaths, or 1 in 40 occurred in the four years.

The foregoing statistics are derived from a report issued by the minority of a committee appointed to consider the propriety of introducing the practice of homœopathy into the Bellevue Hospital of New York.

The results which have been obtained from homœopathic treatment in severe epidemics, such as cholera and yellow fever, when compared with those which followed allopathic remedies in the same epidemics, have, it may be observed, been most strikingly in favour of homœopathy.

From this evidence—and much more of the same character might be brought forward—it may be fairly concluded that the practice of homœopathy is more successful both in saving life and in abbreviating illness, than is the method of treatment commonly taught in the medical schools, than is that ordinarily adopted by the majority of medical men.

In addition to these very important consequences arising out of the practice of homœopathy, other advantages of no mean value are also obtainable. To secure the end sought after by the non-homœopathic physician large doses of drugs are *necessary*. It is impossible to drain the bowels with purgatives, to induce abnormal action in the skin with diaphoretics, to irritate the mucous membrane of the bronchi with expectorants, to goad the stomach with tonics, or to overwhelm the nervous system with narcotics, without large doses; without giving medicines in quantities in many instances narrowly approaching a poisonous degree. Thus, it too often comes to pass that health, which was but temporarily interfered with, has, from excess of drugging, become permanently disordered.

To the homœopathic physician a large dose, a dose which shall influence any part of the body not

engaged in disordered action, is not only unnecessary but it defeats his purposes, he cannot work with it. The addition of a drug disease in homœopathic treatmen, is therefore an impossibility.

Further, the nauseating effect of ordinary mixtures of physic is done away with by homœopathy. The advantage here is two-fold: the pain of taking medicine is negatived in the first place, and the loss of appetite and of comfort which inevitably follow some bitter, sour or otherwise unpalatable draught is unfelt. In treating the diseases of children, the advantages of homœopathy in this direction are incalculable. All the struggling, crying, exhaustion, and actual misery engendered by the efforts made to pour down the throats of the little ones the carminative mixture, or the rhubarb and scammony powders, have no existence in a nursery where disease is treated homœopathically.

The practical value of homœopathy is therefore great. Life is saved, the duration of illness is shortened, the pain of being ill is diminished, the injurious effects of taking powerful drugs in large quantities are escaped.

There is no quackery, no mystery in homœopathy, as those who endeavour to explain away the facts alleged in evidence of its truth, would endeavour to

make the public believe. Those who practise homœopathy are no medical pretenders as is frequently asserted, but men educated in the art and science of medicine, men whose medical and surgical acquirements have been testified to by Universities and Colleges, men whose diplomas have been duly registered. By far the larger majority of those who now practise medicine homœopathically had, for many years, done so according to the traditions of the schools. Circumstances led them to investigate the claims of this more novel method of prescribing, and the results that followed compelled them to admit, that homœopathy had given them a power to cure disease they were previously unacquainted with; while their professional obligations to do the best they could to mitigate the sufferings of those who consulted them, bound them to adopt this method into their practice.

It is very easy for ignorant, shallow or disappointed persons, for men who are totally unable to meet the facts of those they oppose, to call such persons "quacks," to describe them as "knaves or fools," to charge them with perpetrating a fraud, to refuse to recognise their claims to professional respect—but it is utterly dishonest in them to do so. It is incredible that any intelligent persons among those who

indulge in statements of this kind, should really believe in them.

The opposition to homœopathy had its origin in assumptions altogether false. Its flame has been fanned during many, many years, by the periodical medical press of this and other countries. All discussion of homœopathy in the medical papers is prohibited, while denunciations whether ignorant or malicious are readily admitted. Statements palpably untrue regarding medical men who practise homœopathy, or respecting homœopathy itself are published in them with alacrity, while anything in the shape of reply is as promptly suppressed. It has been by the medical press that the profession has been taught to believe that homœopathy is false, has been persuaded to avoid its study, has been directed to eschew professional intercourse with its adherents. To credit the conductors of these journals with believing what they write about homœopathy, would be to do violence to their intelligence. In their ignorance they committed themselves to the opinion that homœopathy is untrue; and now that a knowledge of the principles of homœopathy has been forced upon their attention, now that applications of drugs first made by homœopathic physicians are becoming frequent among the teachers of ordinary medicine, now

that the method of studying the actions of drugs first put to any practical purpose by homœopathists, is declared in the high places of medicines to be that best adapted for the purpose, they have not the courage to admit their error, they tremble lest in discussing homœopathy fairly, in acting upon the principle, *audi alteram partem*, they should endanger the value of their property. They fear lest those they have erroneously led into regarding homœopathy as mere quackery, should now turn round upon them and withdraw their support from their publications. It is upon no other basis than this, that the present opposition to homœopathy survives.

It may be possible to obscure a great medical truth for a time, to prevent the voice of this truth being heard by those who of all others ought to hear it, but it is not possible to stifle it. The time will come when, in spite of all the efforts of the medical press, homœopathy will be known, will be studied, will be tested, and will be appreciated by every member of the medical profession.

It is, then, for the reasons already stated, viz., that homœopathically acting remedies assist in curing disease more frequently, more rapidly, more safely and more pleasantly than such as are prescribed on any other principle hitherto made known, that in

the following pages a resort to them is advised in those ailments to which the periods of pregnancy and infancy are peculiarly liable. That they should excite the ridicule of persons who never tested them, should be denounced as futile and inert by others who determinedly refuse to investigate their uses, is matter of small consequence to any who have tried and found them valuable. That they are of service, and of greater service than the medicines commonly directed to be taken by persons in similar circumstances by practitioners who disregard homœopathy, my own experience, extending now over twenty years, abundantly assures me.

CHAPTER II.

INDICATIONS OF PREGNANCY.

The existence of pregnancy is indicated by certain deviations from ordinary health, some knowledge of which is both convenient and important. The cessation of the recurrence of the monthly illness first attracts attention. It need scarcely be remarked that the absence of the usual "period" may arise from many other causes besides that under consideration. A chill, a sudden mental shock, or some disordered state of health may operate as a check to menstruation. Further, the change from celibacy to matrimony has, in some instances, appeared for two or three months to hinder the due performance of this function. And on the other hand cases are on record where menstruation or a discharge resembling it—for that such a flow as takes place in the unimpregnated condition should occur during pregnancy is impossible—has recurred during the whole nine months. This is certainly

rare, though it is not altogether uncommon for a slight discharge of a similar character to take place a month after conception.

In estimating then, the value of this indication as a mark of pregnancy, the possibility of the cessation of menstruation being due to other causes must be taken into account. As a rule, conception takes place shortly after a period has terminated; the mouth of the womb is from that date sealed, and menstruation ceases. Hence it is that, in making a calculation for the probable time of confinement, the date of the cessation of the last period is that from which the reckoning should be made.

Supposing that in a person who has hitherto enjoyed good health, and in whom the period, having hitherto been "regular," ceases to appear, should, some five, six, seven, or eight weeks thereafter feel sick and ill in the morning when rising, or after breakfast, should complain of nausea and vomiting in the early part of the day, we have an additional reason for suspecting pregnancy. It is needless to say that, like the indication we have just noticed, sickness may arise from many causes besides this; while in some women it never occurs during the whole of pregnancy. It is when associated with other deviations from ordinary health, that it becomes

of importance as an indication of the state under consideration. Often enough it is a peculiarly troublesome symptom; and, from its very nature—arising as it does from a sympathy between the gradually expanding womb and the stomach—is frequently difficult to control. The measures which have proved best adapted for this purpose will be considered when the disorders incidental to pregnancy come under notice.

About the same time or a little later the breasts are observed to become fuller; and, frequently, pricking and darting pains are felt in them. In a first pregnancy, the delicate skin immediately surrounding the nipple becomes darker between the second and third months, and the depth of colour increases up to the fifth and sixth months, when it attains its *maximum*. The intensity of the discolouration varies according to the complexion of the individual, being darker where this is dark and less marked when it is delicate.

During the latter part of the third month the abdomen becomes noticeably fuller, and after the commencement of the fourth gradually increases in prominence. The distension of the pregnant womb is uniform, firm, elastic, and unaltered by position. These characteristics serve to distinguish it from

other abdominal swellings, such as those arising from flatulence, dropsy, tumours, &c.

At the middle of the fourth month another indication of pregnancy presents itself, in the sensation known as "quickening." It is somewhat variable as to the time of its being first perceived, being in some persons a week or ten days earlier, in others as much later than the ordinary date. It is described by some as "a fluttering," by others as an occasional jerk. These movements become stronger and more distinct as pregnancy advances. In some cases they are really distressing, and give rise to faintness and slight hysteria.

Such are the chief indications from which a woman may reasonably infer a state of pregnancy. Individually they are of little importance, but when taken collectively they are in all, save a comparatively few cases, sufficiently significant.

The stethoscope, which, after the fifth month, enables us to hear the beats of the fœtal heart, and the test known as "*ballottement*" can only be applied by a medical man; wherever a woman feels any doubt as to her condition she should at once seek professional advice, in order that it may be fully and carefully investigated. To enlarge upon such methods here is needless. Suffice it to say

that they constitute the most decisive means of settling any doubts which may be felt as to the question of pregnancy with which medical men are acquainted.

It being concluded that conception has taken place, it is, on many grounds, desirable that the woman should be able to fix as accurately as possible the date of her confinement.

The process of gestation occupies, in the larger proportion of cases, forty weeks; though in no inconsiderable number it is completed a week earlier, or as much later. The commencement of the term must date from the day when the last monthly period ceased. Reckoning therefore 280 days, from this time the day of confinement will be arrived at, if not with constant accuracy, at any rate with as much uniformity as is practicably possible.

The following table will be of some use in enabling a person to calculate this matter. Supposing menstruation to have ceased on the 1st of March, the confinement will probably take place on the 5th of December. Or if the last period concluded on the 15th of September, the confinement may be looked for on the 22nd of the following June; that is to say on June 7th *plus* 15 days.

From	Jan.	1	to	Oct.	7	= 280	days.
„	Feb.	1	to	Nov.	7	= 280	„
„	Mar.	1	to	Dec.	5	= 280	„
„	April	1	to	Jan.	5	= 280	„
„	May	1	to	Feb.	4	= 280	„
„	June	1	to	Mar.	7	= 280	„
„	July	1	to	April	6	= 280	„
„	Aug.	1	to	May	7	= 280	„
„	Sept.	1	to	June	7	= 280	„
„	Oct.	1	to	July	7	= 280	„
„	Nov.	1	to	Aug.	7	= 280	„
„	Dec.	1	to	Sept.	6	= 280	„

CHAPTER III.

ON THE MANAGEMENT OF HEALTH DURING PREGNANCY.

It is impossible to overrate the importance of paying special attention to habits of living during pregnancy. Nearly all miscarriages, not a few unfavourable confinements, a large proportion of the uterine diseases which originate during pregnancy, and much of the delicacy of infant life are traceable to errors of diet, to habits of self indulgence, to undue excitement, or to improper exercise in the course of this very responsible period of woman's life. Few young married women are aware of the restraints they are called upon to impose on themselves, both for their own comfort, and to insure the safety of their offspring. Experience has abundantly proved that, for a healthy child to be born in a natural manner, and in order that the fatigue of a confinement may be surmounted without any ill effects, the mode of life during pregnancy must be in

accordance with the requirements of the laws of health, and with all due regard to the peculiarities of this condition.

To the maintenance of health, food—simple in quality, varied in kind, and adequate to the nutrition of the body—is essential. Such is, indeed, the case under any and all circumstances; although there are conditions of rude health when dietetic liberties may be taken with comparative immunity, when almost anything can be digested, and when long fasting is endurable. In pregnancy it is otherwise. Then, when the body is more than ordinarily susceptible to external influences, it is especially necessary that meals be taken regularly, and that the diet be light and nutritious without being stimulating. By adhering to this demand of nature, by not over-taxing the powers of the stomach, the nutrition of the body proceeds without interruption, and its functions are performed equably.

There is no greater error than that which suggests the necessity for an increase in the amount of food taken during pregnancy, in order to meet the supposed demands of the child. All food taken over and above that which the eater is able to digest invariably gives rise to the depressing and painful symptoms of dyspepsia, and in so doing delays and

prevents the proper assimilation of what was needed. It should be remembered that persons are nourished, life is supported, not by food that is swallowed, but only by that which is digested. Where the appetite is impaired, and where at the same time loss of strength is experienced, medical advice should be sought, that the evil may be remedied. Under other circumstances the quantity of food may safely be regulated by the appetite.

Food should be taken at regular intervals. The stomach, from habit, becomes accustomed to expect food, and is *fully* prepared to receive it only at stated intervals. Shorten this time, take a meal earlier than usual, and not only is the appetite wanting but the secretions necessary for digestion are not forthcoming; delay a meal beyond the ordinary time and the stomach is exhausted; the secretive energy of its mucous membrane is diminished; the power of its muscular structure is inadequate to perform its part in the process of digestion. We require the stomach to be ready to fulfil its function, in order to secure perfect digestion, and, that it may be so, each meal should be taken, as nearly as possible, at the same hour every day. To regularity in meal-hours should be added regularity in the kind of meals. It is not

consistent with health for an important meal such as dinner to be taken in the middle of the day on one occasion and late in the evening on another. Not only is the stomach in a state of preparation for food at certain hours, but its degree of preparation is proportioned to that usually required of it at stated times.

The diet during pregnancy should be simple and non-stimulating. For breakfast tea, coffee, largely diluted with milk, cocoa or hot milk with bread, at least one day old, toast, butter, eggs or fish, or a little fresh meat may be taken. Should dinner be an evening meal, breakfast will require to be proportionately substantial; and then at luncheon a little soup, or fish and vegetables, followed by pudding may be taken. At dinner all rich and highly-seasoned soups or dishes should be avoided, and the appetite be satisfied with plain soup, fish, mutton, poultry or game; cooked vegetables; stewed fruits or milk puddings. Salads, cucumbers, cheese and pastry, being difficult of digestion, should be avoided. After a hearty dinner taken late in the day little more is needed before retiring to bed. If anything is required a cup of weak tea or of milk, with a little dry toast or biscuit will be found most suitable.

The advantages and disadvantages of alcoholic stimulants are variously stated by different well-informed and experienced practitioners of medicine. In perfect health, when neither mind nor body are worked beyond their natural powers, alcohol so far from being beneficial is injurious. But there are cases, and they are far from uncommon among pregnant women, where the appetite is improved, and digestion is performed more easily by a little beer or wine being taken daily. It should, however, when needed, be taken during a meal, not before or after. Whether the required stimulant should be beer or wine, and, if the latter, what wine, will depend entirely upon the individual. With some persons nothing is so much relished as, or agrees better than a glass of bitter ale. In others, again, wine is more suitable. In these, sherry, claret or still hock will generally be found the most advantageous. Highly saccharine and sparkling wines should be avoided. Whatever alcoholic fluid is employed should be small in quantity, as well as suitable in quality. In the large proportion of cases, when the nervous system is not called upon to make any great exertion, no alcohol is required at all. It being taken in health under such circumstances is very much a matter of habit, and is in no way necessary to the due nutrition

of the body—the sole end of eating and drinking. At the same time if a person has previously been accustomed to a glass of sherry or beer at luncheon or dinner, it would be very undesirable to withhold it during pregnancy.

To live in an atmosphere uncontaminated by noxious gases is at all times a *sine quâ non* of health, but it is never more so than during pregnancy. Pure air may for all practical purposes be said to consist of a mechanical mixture of oxygen and nitrogen gases. By the function of respiration a portion of this oxygen is absorbed and its place supplied by a somewhat less bulk of carbonic acid. It is in the form of carbonic acid that a large portion of the waste materials, their carbonaceous elements, are removed. The retention of such matters is well known to be a fruitful source of disease. Hence the necessity of being surrounded by an atmosphere rich in oxygen and as free as possible from any injurious gases. During respiration we ought to inhale oxygen, and to exhale carbonic acid. If, then, there are several people in a small room into which pure air cannot enter, and that which has become contaminated by the exhalations of carbonic acid cannot pass out, instead of those persons inspiring a wholesome air they are breathing that which the

exhalations from their own bodies have rendered foul. The power to eliminate carbonaceous matters is reduced, and "hence there will probably be a considerable increase in the amount of such matters in the pulmonary and cutaneous exhalation; and the unrenewed air will become charged, not only with carbonic acid, but also with organic matter in a state of decomposition, and will thus favour the accumulation of both these morbific substances in the blood. instead of effecting that constant and complete removal of them, which is one of the chief ends of the respiratory process."*

To obtain a constant supply of fresh air, and to ensure the removal of that which has become deteriorated, are the objects aimed at in ventilation. The number of cubic feet of breathing space in a room, must not only be in proportion to the number of people in it, but the air by which they are surrounded must be unceasingly renewed. Anything then, that prevents this renewal is detrimental to health, and it may be remarked, that it becomes especially so during pregnancy; because, in that condition a greater amount of carbonaceous matter is present for removal than at other times; and consequently, a larger quantity of carbonic acid is exhaled. The practice

*Carpenter's *Principles of Human Physiology* 7th Ed. p. 358.

in many households of closing the chimney, when fires are not needed, cannot be too strongly reprobated. If it saves housemaids trouble, it tends largely to enfeeble the health of households. When the weather is warm and dry, the window of a bedroom should never be closed during the twenty-four hours of the day. Let the bed be so placed as to avoid exposure to currents of air, and no danger will ensue from sleeping with an open window, on the contrary, the atmosphere being kept wholesome by the constant entrance of pure air, sleep is therefore more refreshing, than it is in a room where the window is closed. In winter, and during wet or damp weather, a ventilator placed in the window, with an open chimney with or without a small fire in the grate will suffice for keeping up the current of pure air.

The necessity of passing one's time in a pure atmosphere, suggests the importance of avoiding all places of public assembly, where the ventilation has not been properly cared for. These are often rendered especially obnoxious, not only by the number of people exhaling carbonic acid gas, and so rendering the accumulation of this gas very considerable, but by the number of gas lights which are burning, consuming oxygen and heating the atmosphere and fouling it it with carbonic oxide. Headache, weariness, loss of

appetite, imperfect nutrition, and the retention within the blood of matters that ought to have been extruded, are therefore but the natural consequences of attending theatres, concerts, balls, and public meetings of all kinds, when held, as the large proportion of such gatherings are held, in imperfectly ventilated buildings.

Exercise in the open air is an efficient means of assisting the body in eliminating in various ways those effete matters, the retention of which is so obnoxious to health. That thorough purification of the blood, which moderate exercise compels, gives tone to the muscles, "braces the nerves," and induces that freshness and aptitude for taking food which is the foundation of good health. And what, it may be asked, is moderate exercise? To such a question I would reply, exercise which does not entail fatigue. Pursued to the extent of fatigue, the elimination of the impure substances in the blood, so far from being increased, is checked, the quantity of carbonic acid exhaled being diminished. A person must therefore estimate for herself how much exercise she can take in the open air without fatigue, and restrict herself to that.

As pregnancy advances, the extent to which exercise is possible will necessarily diminish. But it

is imperative that a certain degree thereof should be taken daily. The forenoon is the best time for walking; and, if the weather is fine, a shorter walk in the afternoon will be advantageous. After returning home, a rest on the sofa is advisable in order to remove any traces of fatigue. Active exertion soon after a meal, especially after dinner, is injurious, rather than otherwise. In order that digestion may be some way proceeded with before any effort of this kind is attempted, an hour or an hour and a half should be allowed to elapse between the completion of a meal, and the commencement of a walk.

What is called "carriage exercise" is, in reality, no exercise at all to those who are in health. To many pregnant women it is decidedly injurious, in some more so than railway travelling, provided the carriages do not shake one so much as they do on some lines. It is the oscillating motion of the carriage that is so prejudicial, giving rise in many instances to symptoms indicating an approaching miscarriage.

Horse exercise ought to be entirely abandoned as soon as pregnancy has become apparent. I have heard of ladies hunting, aye, and sustaining severe falls during pregnancy without injury, but such cases are exceptional in the extreme. Riding on horse-back

it may be said with perfect truth, is as likely to give rise to miscarriage as any other form of violent exertion.

Dancing is another mode of exercise which ought to be religiously avoided during pregnancy. The character and rapidity of the evolutions are such as are prone to effect displacement of the contents of the womb. In addition, the atmosphere in which dances are usually carried on, the late hours they involve, the sudden change from an over heated room, to a frosty air which they often necessitate, are all incompatible with health.

Fashion may under ordinary circumstances of health, regulate woman's dress without, save in the matter of tight stays, doing her much injury. But nature demands that her voice shall be heard during pregnancy, at any rate. All dresses and underclothing, should be of such material and so made as to secure warmth and freedom of motion.

Everything that is tight, everything that is oppressive must be cast aside at this time. As the uterus expands, it forces its way up into the abdomen, and room to do so must not be hindered either by stays, bands, or tightly drawn strings. The very word used by the French to designate the state of pregnancy—"*enceinte*"—is derived from the latin

word *incincta* or unbound. The Roman woman, in the days of old, when she found herself pregnant, at once removed the girdle or cincture which, at other times, was worn tightly drawn around her waist—she walked during pregnancy *incincta*, unbound.

The evil consequences of tight dressing are neither few nor slight. The resistance offered to the expansion of the womb has been referred to; but the same evil is felt in the pressure exercised on the large vessels, and we find congestion of the stomach and of the liver as a consequence; piles and constipation become the almost certain results of thus setting the laws of nature at defiance. The pressure of tight stays upon the breasts has the effect of preventing their due development.

All the good food, the pure air, the judicious exercise, will prove of no avail in securing comfort during pregnancy, and a healthy child at its termination, if such pressure, as tightly fitting dresses exert upon the contents of the chest and abdomen, is allowed full force.

In some persons in whom the abdomen is weak, and in whom the womb has a tendency to fall forward, support and comfort are derived from a flannel or silk elastic bandage. Any such appliances need not be tight, but only simply supporting.

At a time when "the tub" is, as a rule, the daily resort of every man and every woman, it is hardly needful to write an exhortation to use it. We may, however, remark that pregnancy constitutes no bar to its employment; on the contrary, the daily bath is attended with many and manifest advantages. It promotes cleanliness and invigorates the body, and, in so doing, tends to avert disease. There is, however, no especial virtue in water, the temperature of which is little, if at all, above the point of freezing. There may be a good deal of heroism in entering it, but there is no physical advantage in doing so. On the contrary, in those in whom the circulation is not very strong, such an experiment is likely enough to drive the blood rapidly from the surface of the body and excite congestion of the internal organs. This is by no means desirable. Let then the water used be rather raised to the temperature of the ordinary cold bath in summer, probably from 60° to 70°, or be simply tepid. The washing should be done rapidly, and the skin be well rubbed afterwards with a moderately rough towel in order to create a suitable degree of re-action.

CHAPTER IV.

DISORDERS INCIDENTAL TO PREGNANCY.

THE condition of pregnancy is a natural condition. It is a healthy and not a diseased state. So too a confinement, or the process of parturition, is no disease, it is a perfectly natural act, not necessarily involving any material departure from the ordinary mode of life other than that, which the having passed through an unwonted degree of fatigue of longer or shorter continuance entails. While however this doctrine is unassailable in the abstract, we find that the state of pregnancy does in many instances predispose to certain disorders, and in others directly excites them; while the "confinement," including in that term the act of parturition and the recovery from the fatigue incidental to it, does present a susceptability to disease unusual at other times. So too the

actual labour may be from one cause or another, a source of illness and even of danger.

Happily, beyond a certain amount of discomfort during pregnancy from mechanical causes, and of actual pain, with its consequent fatigue, during the act of parturition, the number of women who suffer from positive ill-health previous to, during, or after a confinement, is comparatively small. Let not those then who find themselves for the first time in this condition give way to despondency, and look forward with anxiety to evils, not one of which they are likely to encounter. On the contrary let them dwell on the untold joy of being a mother—a joy so great as to banish all remembrance of the sufferings amid which the little one entered this world of sorrow. A cheerful spirit, a mode of life enjoined by the laws of God, laws which demand a sufficiency of digestible food, a constant supply of pure air, and a due amount of healthy exercise, will in all of a sound constitution, well nigh ensure a pregnancy without discomfort, a comparatively easy labour, and a speedy convalescence.

While these remarks apply to the majority of pregnant women, there still remains a minority who suffer from ailments of what is termed, a "sympathetic" character, and from such as arise from the

enlargement of the womb, and its pressure upon neighbouring organs.

The word "sympathetic" defines a disorder which, being excited by irritation in one organ, makes itself *felt* in another. It does so through the nervous system. For example, the gradual expansion of the womb, and the growth of its contents, attracts an increased supply of blood towards it. Blood vessels and nerves which, in the unimpregnated condition of the womb have but little functional duty to perform, are now called into greatly increased activity. Varying with different women this activity is in some sufficient to amount to irritation. The excitement is conveyed to the spinal cord along the nerves, running between it and the womb. From the spine the same excitement is passed outwards again along nerves going to the stomach, giving rise to vomiting and other dyspeptic symptoms; or to those which go to the lungs, creating cough; or to those which supply the heart, exciting palpitation. In each instance the sickness, the cough, or the palpitation is *sympathetic* to the condition of the womb. After a time these symptoms subside; but are often enough more than sufficiently troublesome while they remain.

In endeavouring to point out how these inconveniences may be mitigated, and, in very many cases,

cured, I shall consider first of all such as are purely sympathetic, of these none is more troublesome, none more common than

VOMITING,

Or as it is frequently termed "morning sickness." This definition it derives from the fact that it is in the morning or early part of the day that it is most frequently troublesome. Ordinarily it is felt about the end of the fifth or sixth week of pregnancy, and very generally continues until the end of the third month. The sufferer feels sick, retches, and possibly vomits a mixture of glairy mucus with acid fluid, and sometimes a little bile, as soon as she gets out of bed. The appetite for breakfast may not be impaired, indeed, in many cases, it is good throughout. The desire for food is not interfered with, but the power of the stomach to retain it is defective. The breakfast very frequently comes up soon after it is taken; sometimes it is impossible to get through this meal without sickness. Towards the middle of the day it passes off; all food taken subsequently being well digested, and beyond a little weariness, due to the fatigue of vomiting, the patient feels pretty well. Such is the case when this kind of disturbance is of a mild type. From this, to incessant retching and vomiting, with inability to retain the least particle

of food in the stomach, the degrees of intensity to which this troublesome symptom may prevail are infinite.

In directing our thoughts to the means of alleviating so distressing a condition, we must remember that the stomach is quite healthy—at any rate it is so in all milder cases; and also at the commencement of those which turn out to be severe and protracted. In the latter, when this organ does give way, it does so through sheer exhaustion. The real source of the disorder is in the womb, where, for carrying out the development of its contents, the supply of blood is unusually large—so much so as, in some instances, to merit the designation of "congestion." This congestion is, in cases which are severe and protracted, generally situated at the the mouth of the womb and around its neck, or at its opposite extremity. In the former, lying on the back with the hips raised and with the head low, by relieving the pressure on congested parts of this organ often gives more relief than any other procedure; while, in the latter, hot fomentations over the lower part of the abdomen are a source of great comfort.

In the mildest form of this inconvenience little need be done to remedy it. Some advantage is often

derived from taking a cupful of hot milk, or cocoa or tea, and then resting for half-an-hour before rising in the morning. This alone will serve to check sickness in some cases. In others relief is obtained from medicines of which the most generally serviceable are *nux vomica, kreasote, ipecacuanha* and *tartar emetic. Nux vomica* is that most frequently of use in the mild and less severe forms of the morning sickness. When the patient complains of nausea as soon as she awakes, and has sour or bitter and frequent eructations, with water brash; when she feels sick after a meal, with headache and inclination to vomit, and when the matters vomited are sour in in taste and smell, and consist more of mucus than of food; while the bowels are constipated, and the tongue is white or coated with yellowish or white mucus, particularly at the back part, *Nux vomica* will give the greatest amount of relief. It may be taken in the following way:—

TAKE,—*Tinct. Nucis Vom.* (1st dil.) 12 drops, water 12 tablespoonfuls.

Mix and take a tablespoonful every 3rd or 4th hour, or more frequently in proportion to the urgency of the symptoms.

A dose should be taken immediately on waking in the morning.

Kreasote is indicated when the patient wakes with a choking sensation, and with great nausea

which is soon followed by vomiting of a sweetish fluid and attended by heat in the head, and pressure in the forehead, with cold hands and feet. There is also a bitter taste in the mouth, with entire loss of relish for food, and the sense of sickness remains throughout the day.

In cases in which *kreasote* does good there is often some toothache, especially in the front teeth; while the presence of leucorrhœa or "whites" at the same time is an additional indication for its use under these circumstances.

TAKE,—*Tinct. Kreasoti*, (3rd dec. dil.) 12 drops, water 12 tablespoonfuls.
Mix and take a tablespoonful every four hours.

Ipecacuanha is often serviceable in cases where the vomiting is excessive; when the inclination to vomit follows as soon as food is taken and the patient can scarcely sit through a meal before she finds it necessary to retire; together with the food, mucus in considerable quantities and of a yellowish or greenish-yellow colour is vomited. Patients benefited by *Ipecacuanha*, often feel tolerably well in the afternoon and evening.

The following prescription will be of service in such cases.

TAKE,—*Tinct. Ipecac.* ϕ 6 drops, water 6 tablespoonfuls.
Mix and take one tablespoonful three times a-day.

Tartar Emetic is useful where the vomiting is not only violent whenever food is taken, but occurs after every meal, and is followed by great exhaustion. The tongue in such cases is red and irritable looking, there is little or no appetite, a great deal of flatulence, with a sense of emptiness in the stomach.

Such cases require careful watching and ought to be placed under medical superintendence—as where vomiting is so considerable, exhaustion so great, and any food that is taken to any useful purpose is so small, there is oftentimes a degree of danger which it is impossible for a person unaccustomed to deal with disease to be able to meet. Where medical advice cannot be obtained let the patient

TAKE,—*Powder of Tart. Em.* (2nd trit.) grs : ii. *
Place this powder on the tongue every 3rd hour.

In all cases great relief is afforded by sucking small pieces of ice. In proportion as the sickness is considerable the quantity of food taken at one time should be small. The stomach should, as it were, be coaxed to do its duty.

Frequently in spite of the most diligent care sickness of this character will persist for several weeks. After its termination the appetite soon becomes healthy,

*When weights and scales are not available, two grains may be held to be represented by as much as will lie on a threepenny piece.

and the strength which has been lost is speedily regained. A change of air is very valuable in restoring lost strength under these circumstances.

HEART-BURN.

This, with many women, is a very troublesome symptom. There is a more or less frequent rising of hot wind from the stomach, and oftentimes water brash, very generally, too, constipation is present, and sometimes there is considerable distension of the bowels with flatulence.

The cause of this discomfort is the formation of an acid in the stomach from the food that has been taken. The tendency to create this acid it is which constitutes the unhealthy condition—to counteract it suitable medicines are required; but at the same time food likely to encourage its production should be avoided. While we endeavour to correct an error, we must be equally careful not to provoke its occurence.

The acid which commonly gives rise to heartburn is that known to chemists as "butyric." It exists largely in pastry, and in all dishes which have been enriched by the addition of butter. Like flatulence —and the two conditions are generally more or less associated—it is a product of the fermentation

of partially digested food—such as starch and sugar. Hence, farinaceous foods, vegetables and fruit, are very likely to feed the disorder, and should, therefore, be avoided as far as possible. Unhappily bread is included among the substances that disagree; and as it is impossible in this world to get along without bread, the only thing we can do is to effect a compromise, and so prepare this *sine quâ non* of existence as to tax the digestive powers as lightly as possible. The bread known as "aërated," prepared according to a process devised by the late Dr. Daughlish, enables us to effect this compromise perhaps better than any other. Bread made in the ordinary way should be at least two days old before it is eaten, and will be all the better for having been toasted. Biscuits, too, are generally—I mean, of course, perfectly plain biscuits—more easily digested in these cases than bread. Vegetables and fruit may be avoided without difficulty. Fat and butter are also injurious. Some self-denial is therefore required in the matter of eating. The stomach being rested by a suitable dietary, we can, with all the more hope of success, give medicines calculated to allay the irritation upon which this lack of digestive power depends.

The best—that is the most generally successful—medicines are *nux vomica*, *pulsatilla*, *carbo vegetabilis*

and *capsicum*. *Nux vomica* is homœopathic to a large proportion of cases of heartburn occurring during pregnancy. It is indicated especially when this symptom is noticed early in the morning; when there is water-brash at the same time; when there is pain of a burning character in the region of the stomach, increased by slight, and removed by deep pressure; when there are frequent eructations having a greasy, bitter or sour taste; when there is a feeling of spasm between the throat and the stomach. If when the heartburn is thus characterised, and still more decidedly if there are headache and constipation, though with no great diminution of appetite, give the following prescription:—

TAKE,—*Tinc. Nucis Vom.* (1st dil.) six drops, water six tablespoonfuls.
Mix and direct one tablespoonful to be taken three times a-day.

Pulsatilla is useful when, in addition to the characteristic symptoms of heartburn, there is a putrid-like taste in the mouth; when the natural taste is completely perverted or lost, and there is no relish for food; when we find heaviness with distension and sense of weight in the stomach after a meal. In cases of this kind where pulsatilla does good, there is generally some flatulence in the bowels, with a tendency to diarrhœa.

TAKE,—*Tinct. Pulsatillæ* (1st dil.) twelve drops, water six tablespoonfuls.
Mix and take a tablespoonful every fourth hour.

Carbo Vegetabilis. It is where flatulence is so excessive, and the chief cause of the suffering, that *carbo* is invaluable. The stomach and abdomen are distended with flatus, and there is a constant rumbling in the bowels. The taste is insipid; there is a great deal of heat in the mouth and of burning in the throat. There is a gnawing burning pain in the stomach, especially early in the morning, when the hot air characteristic of heartburn rises into the throat and induces a feeling as if the gullet were going to close.

TAKE,—*Powder of Carbo veg.* (3rd trit.) grs. ii.
Let this dose be taken dry on the tongue every four hours.

Capsicum has succeeded in some very obstinate cases. It is especially indicated by the persistency of the heartburn, when it is constant and rendered worse by walking, when it is often attended by a stitch in the side, and there are together with heartburn, fulness and burning at the stomach, with flushed face after a meal and diarrhœa. The taste is acid and sour. In such cases

TAKE,—*Tinct. Capsici* (2nd dil.) twelve drops, water six tablespoonfuls.
Mix and take a tablespoonful every three hours.

SALIVATION

Though not a very common ailment during pregnancy is when it occurs troublesome. It is generally accompanied by some swelling and tenderness of the glands which secrete the saliva, the mucus membrane of the mouth being also swollen. It is usually dependent on irritation of the stomach, arising, as does the vomiting, from the activity of the womb. There is no soreness of the gums or any ulceration of them, as there is in the salivation produced by mercury. The salivary fluid is thin in quality, and oftentimes considerable in quantity.

Here as elsewhere a correct diet—a diet that is adapted to the exigencies of the stomach is all essential. As the excess in which the salivary fluid is secreted involves proportionate feebleness in its power to fulfil the end of its secretion, viz., the transformation of starch into sugar—starch-containing foods, such as the farinacæ are, should be reduced in amount, and an animal diet, with aërated or stale bread, or toast, be chiefly relied upon for nutriment. As a medicine

TAKE,—*Tinct. Potassæ Hydriodatis* (3rd dil.) 30 drops, water 12 tablespoonfuls. Mix and take a tablespoonful every 6 hours.

If the secretion can be checked by a medicine, such as the *hydriodate of potash* acting directly upon the mucous membrane of the stomach and the glands of the mouth, nothing but good will result; as great exhaustion has arisen from allowing it to continue, under the idea that it is likely to be injurious. In order to divert rather than cure the evil, it is no uncommon practice to apply a blister to the back of the neck and to keep it open with irritating ointments. The result is an aggravation of the existing mischief. While to attempt its suppression by astringent washes and gargles is even more injurious. It must be cured by remedying the irritation which indirectly excites it or it had better not be interfered with.

TOOTHACHE

Is by no means an infrequent source of discomfort during pregnancy, and equally with those already described is a sympathetic disorder. Removal of a tooth for the purpose of securing relief is a very unwise procedure, unless decay is so far advanced as to render it probable that extraction must be submitted to ere very long. *Sepia*, *Chamomilla* and *Staphysagria* are the medicines most likely to give relief.

The toothache for which *Sepia* is indicated is characterized by pain of a darting and throbbing character; is aggravated by chewing and by cold water; it is generally worse at night; and the gums are often swollen.

TAKE,—*Powder of Sepia* (3rd trit.) gr. ii.

Let this dose be taken every two hours, dry on the tongue.

Chamomilla will be most useful when the pain is grumbling and creeping in character; is aggravated by warm drinks and warm air; the teeth feel as though they were longer than natural; and the pains are generally much worse at night than they are during the day.

TAKE,—*Tinc. of Chamom.* ϕ 18 drops, water 6 table-spoonsful.

Mix and take a table-spoonful every two hours.

Staphysagria is required when the pain is drawing and tearing; the teeth are sensitive to the touch; the pain is aggravated by eating, by exposure to cold air or taking cold water. It is usually worse at night. The front teeth are more susceptible to the action of this medicine than the grinders.

TAKE,—*Tinc. Staphysagriæ* (1st dil.) 12 drops, water 6 table-spoonsful.

Mix and take a table-spoonful every two hours.

CONSTIPATION

Is an evil which owns several causes, the nature of which must determine the treatment of individual cases. It may arise from an insufficient secretion of bile, from a want of healthy activity in the bowel, or from the pressure of the enlarging womb upon some part of the bowel.

Besides its special property of preparing the oleaginous parts of the food for absorption, the bile is supposed to have the power of stimulating the bowel to contract and so to expel its contents. Hence, in many instances of constipation, the evacuations, when passed, are pale in colour and small in quantity. The patient is heavy, listless, has little or no appetite, complains of headache and drowsiness, the complexion is often slightly yellow, the tongue yellowish or brownish furred. In such cases the secretion of bile is usually defective or unhealthy. This condition must be altered, before the bowels will act regularly.

A wet compress worn over the region of the liver, both by day and night, is a valuable aid. As a medicine *Bryonia* is useful; especially where, with the symptoms already mentioned, there is complete inaction of the bowels—no desire for an evacuation.

When, on the other hand, these symptoms of defective biliary secretion are present, together with a constant but ineffectual urging to stool, *Nux Vomica* is more useful.

They may be given as follows

TAKE,—*Tinc. Bryoniæ* (1 × : dil.) 30 drops, water 10 table-spoonsful.

Mix and take a table-spoonful every three hours.

TAKE,—*Tinc. Nucis Vom.* (1st dil.) 12 drops, water 6 table-spoonsful.

A table-spoonful three times a day.

Where the constipation arises from a deficiency of bile, and is attended by the development of a large amount of flatulence, distending the abdomen and adding loud rumbling noises and pains to the other forms of discomfort—*Lycopodium* is more effective.

TAKE,—*Powder Lycopodii* (3rd trit.) gr. ii.

Take this powder dry on the tongue every fourth hour.

But constipation may arise from powerlessness of the bowel, without any functional disorder of the liver being present. Neglect alone will have such a result. A daily stool should be sought by all, and that at a regular hour. The presence of the matter in the bowel longer than is suitable, leads to the development of gas and the consequent over-distension of the intestinal tube; over distension again producing

weakness or loss of power. The same condition will arise from any cause provoking general weakness,—whether it be loss of blood impairing nutrition, or some defect of the spinal cord, or pressure upon some important nerve supplying power of movement to the bowel and so producing some degree of paralysis.

Cases of inaction from neglect will be best met by drinking a tumbler full of cold water before breakfast; by resorting to the closet at a stated time daily whether the desire for an evacuation is felt or not, and if in two or three days there is no action an enema of cold water—a pint or a pint and a half—should be used at the time when action is solicited. Two grains of the 1st trituration of *Sulphur* taken morning and evening, will assist the recovery of tone lost in this way.

During the early months of pregnancy constipation will sometimes arise from the bowel sharing more than it requires in the increased supply of blood to the organs around it. A degree of congestion is the result, and very often piles follow in its wake. When constipation arises from this cause it is attended with aching pain across the lowest part of the back bone, and a sense of weight and often of heat around the lower part of the body. When clearly traceable to this cause

TAKE,—*Tinct. Collinsoniæ* (1 × : dil.) twelve drops, water six table-spoonsful.

Mix and Take a table-spoonful every four hours.

When there is a desire for a motion, and an effort is made to obtain it, either with no other result than a great deal of straining, or the passage of small round lumps of dry hard matter, the following prescription will prove useful.

TAKE,—*Powder Plumbi Carbonatis* (3rd trit.) grs. ii.

Let this powder be taken dry on the tongue three times a day.

During the latter months of pregnancy, the pressure of the womb upon some portion of the bowel may so far weaken it as to render its action difficult, and involve a degree of straining that is inconsistent with the health of the womb and its contents. In such cases it is safer to resort to temporary expedients, than to spend time in the endeavour to cure the feebleness of the bowel. It is so because the straining is liable to lead to serious consequences, while cure can only be obtained by the removal of the cause which has produced the evil. This is manifestly impossible, and consequently measures which will only relieve are those which are alone open to us.

A dessert-spoonful of olive oil taken at bedtime will often secure relief. If this does not succeed an enema composed of a pint of gruel, in which two

table-spoonsful of olive oil have been well stirred up, should be given every second day.

In some cases constipation is marked by an apparent diarrhœa. After some time of neglect, and when no action has occurred in the bowels for many days longer than usual, when discomfort, distension, and the efforts to obtain a motion have weakened the patient, and made her feel unwell, it is not at all unusual for a little thin fluid to pass from the bowel whenever an action is solicited. This gives hope that diarrhœa is about to set in, and the attempts are frequently repeated and always with the same result, but without affording any real relief. In such cases there is generally a lodgment of fœcal matter in some portion of the bowel not far from its opening, and from the sides of the mass a portion escapes, thin and watery in appearance.

Here the enema must be given and repeated at least twice a day. When the collection is not very great this will suffice. If on the other hand, no relief is obtained surgical aid must be sought and the mass must be removed by the scoop.

Another source of difficulty in obtaining an evacuation during pregnancy, consists in the weakness of the muscles of the abdomen. This is more frequently met with in those who have passed through several

confinements. From repeated stretchings, and possibly from a want of due care in affording support after a confinement, the muscles which assist the bowels in emptying themselves, become weak and flabby, and quite unable to fulfil their duties. Here is another case where it is hopeless to endeavour to cure during the continuance of pregnancy—though much in this direction may be done subsequently to its completion. Nature must therefore be assisted, either by olive oil, enemata, or if need be by castor oil, of which a tea-spoonful is generally quite sufficient for a dose.

In conclusion it must be recollected, that while every effort should be made to cure constipation when cure is possible, and that every thing in the shape of a purgative should be carefully eschewed, as being likely to weaken the patient and consequently the womb and its contents—a weakness leading to what is known as "falling of the womb"—still, anything like want of attention to the regular action of the bowels, particularly during the last two or three months of pregnancy, is much to be deprecated. Such helps as the water or gruel enema, olive oil or even castor oil, the use of brown bread or aërated bread, indulging in stewed prunes, roasted apples and preserved fruits will all be found serviceable in promoting the desired

action and may be taken without the least risk of any harm accruing.

Failing such measures as those that have been referred to, the patient should consult a medical man without delay, as it will probably happen that then she suffers from some disorder which does not present itself in the ordinary run of cases, and therefore requires special treatment.

PILES

Constitute an occasional source of inconvenience. They are small knots of enlarged veins—in short "varicose veins," similar in character to those commonly seen on the calf of the leg. They arise from a pressure upon some part of the circulation, impeding the flow of blood, and so throwing it back upon the point farthest from the centre. The venous circulation of the viscera of the abdomen is connected with that of the liver, all the blood returning from the viscera passing through that organ. Hence when the liver is congested, or any impediment occurs in what is termed its "portal circulation" the blood is thrown back upon its farthest point viz., the lowest part of the bowel. Thus it happens that we so often find piles connected with so-called "sluggish" states of

the liver—the frequent consequences of sedentary occupation, hard mental work, and heavy or luxurious feeding—carried on or indulged in without any physical exercise.

During pregnancy the pressure of the womb upon the large veins lying beneath it and passing to the lower bowel, provoke precisely the same state of things. Often, especially in later pregnancies, the pressure upon the vessels is such as to impede the flow of blood through the veins of the thigh and leg; and a swollen, prominent appearance—"varicose"—condition of these vessels is the result.

Constipation, when this amounts to the retention of masses of matter in the bowel, gives rise to piles. So that the cure of the constipation, and the keeping the passage of the bowel free by enemata and otherwise, constitutes the proper treatment of this form of the disorder.

When arising from the pressure of the womb upon the lower bowel, the matter is somewhat less easy to deal with. Relief is sometimes afforded by applying an ointment of *Æsculus hippocastanum*, in the proportions of one part of the pure tincture of Æsculus to ten parts of spermaceti ointment. This preparation is an inferior one to use and a much better one might be made, by melting half an ounce of white wax, and

five ounces and a half of white lard, together on a water bath, and adding half an ounce of the bruised fresh shoots of the tree; digesting for twenty minutes removing the mixture and expressing it through calico.

When the next edition of the Homœopathic Pharmacopœia is issued it is to be hoped that a better method of making ointments than that of mixing alcoholic tinctures with spermaceti will be ordered. The use of extracts would be preferable to that now in vogue. I have however used *Æsculus* as ordinarily prepared with much advantage. It certainly relieves the acute pain often felt in these cases with much promptitude. Fomentations too are often serviceable.

Collinsonia, given as prescribed under the head of "constipation," is another and invaluable source of relief in such cases.

Together with piles arising from mechanical causes, some enlargement of the veins of the thigh and leg is, as has been remarked, often encountered. The limb is swollen and the vessels are very prominent and tender. Though it is difficult to obtain anything like a cure in such cases until after delivery, still relief may be procured by wearing an elastic stocking, when the various swellings are in the calf, and also by taking *Hamamelis*.

TAKE,—*Tinc. Hamamelis* ϕ six drops, water six table-spoonsful. Mix and take a table-spoonful every four hours.

HEADACHE

Is in women who are weak, and in those who are nervous and inclined to be hysterical of no infrequent occurrence during pregnancy.

When it depends upon debility, it arises from the patient's strength being inadequate to the additional strain put upon it by the development of the child. The pain in the head is aching in character, is more frequently paroxysmal than constant, and grows worse towards night. There is a degree of restlessness, a dislike to noise and a tendency to giddiness. Such a headache will generally be relieved by two grain doses of the 3rd trituration of *Arsenic* being taken three times a day. At the same time a good nourishing, but simple diet is of first rate importance. A glass of good burgundy at luncheon, and another at dinner, when wine can be taken will be useful. Rest on the sofa after a meal is indispensable and a daily drive in an open carriage, or a short walk will do much to assist in sustaining strength.

In the hysterical the pain is generally on the top or at one side of the head, and is usually worse in the early part of the day. Here as in so many of the

nervous disorders of women, *Ignatia* is a remedy of great value—two drops of the 1st dilution should be taken three times a day, the first as soon after waking in the morning as possible. In highly nervous women wine is a very undesirable adjuvant in the treatment. It gives but temporary relief at the best; and in them the taste for the stimulant grows with a rapidity which is apt to lead to disastrous consequences.

Exercise on foot several times a day, with cheerful society, and a simple non-stimulating diet-table will do much to promote the cure.

FAINTING, SLEEPLESSNESS AND MENTAL DEPRESSION

All owe their appearance to one cause—a low state of the nervous system.

Fainting, or a tendency thereto, is often supposed to be due to heart disease. In nearly every instance the supposition is an erroneous one; and its occurrence is due solely to a weakly constituted nervous system. It most frequently occurs at the time of quickening, and about the 6th or 7th month of pregnancy. At the time when faintness comes on, the patient should be on the sofa with a low pillow in a room where the windows are open, be fanned and sprinkled with cold water over the head and face; should take an occasional

sniff of *Eau de Cologne;* and now and again have a draught of cold water. To remove the tendency to this condition no medicine is better than *Ignatia* in the 1st dilution of which two drops may be taken in a wine-glassful of water three or four times a day.

Sleeplessness occurs in the same class of patients especially in young women during first pregnancies, and in those who are easily excited and find especial pleasure in excitement. Plain simple diet, exercise, the rigid avoidance of novel reading, theatres, and evening parties are requisite for such persons to obtain the much desired and equally needed sleep. The bedroom should be cool and the bed a mattress.

In most cases *Coffee* acts like a charm.

TAKE,—*Tinc. Coffeæ* (3 dil.) six drops, water six dessert-spoonsful.

Mix and take a dessert-spoonful on going to bed, and repeat the dose every hour as long as wakefulness continues.

If there is any dryness or heat of skin with thirst give Aconite instead.

TAKE,—*Tinc. Aconiti* (1st dil.) six drops, water six table-spoonsful.

Mix and take a table-spoonful every two hours after six o'clock in the evening.

Mental depression is happily rare, but it does occasionally cause much distress during pregnancy. When the patient feels low spirited, fearful of the result of her confinement, and can give no reason for the depression, she will derive benefit from

a drop of the 1st dilution of *Cimicifuga* taken three or four times a day in a wine-glassful of water. But if depression of this kind is considerable or persistent, a medical man should be consulted, and this for two reasons, first, because though *cimicifuga* is a very useful medicine in these cases, there are other remedies better suited to special instances; and, secondly, because a judicious medical adviser will, in conversation, be able to strengthen and support such a patient, and by assuring her of his readiness to be with her early and constantly during her confinement, will often do more for her than any medicine. Change of air to a good bracing climate, such as Malvern, Ilkley, Buxton, Harrogate, or Scarboro, with cheerful society, are also very desirable. Such cases as these ought never to be trifled with or neglected.

PAINS IN THE SIDE AND CRAMP

Are often felt with some degree of severity during the latter months of pregnancy. They are for the most part neuralgic in origin, and depend upon the occasional pressure of the womb on some nervous trunks in its immediate neighbourhood. Their purely mechanical nature renders their relief very uncertain.

If, as sometimes happens, they are extremely acute, a series of hot fomentations should be applied. As medicine *Tincture of Arnica* in the 1st dilution—a drop in a table-spoonful of water may be given every two or three hours; or *Cimicifuga*—sometimes known as *actea racemosa*—may be used in the same way. Beyond the immediate suffering they give rise to, these pains justify no evil forebodings. They disappear as soon as the child is born. *Cramp* in the thighs and legs owns the same cause. It is relieved by gentle but firm rubbing, while a couple of drops of *Spirits of Camphor* taken on a small lump of sugar, the dose being repeated in ten minutes or a quarter of an hour, if necessary, will also assist in allaying this painful symptom. If, as occasionally happens, cramps are felt in the bowels a bag of hot salt over the abdomen or across the loins gives much relief.

THE ABDOMEN

When very considerably enlarged occasionally gives rise to irritation from the soreness produced by the stretching, and sometimes by the cracking of the skin. In either case relief will be obtained by first washing well, morning and evening, with warm soap and water, then rubbing in sweet oil, and after-

wards putting on a binder—or bandage to give support to the parts. If the skin is cracked *Calendula Cerate* will be more useful than the simple oil.

When the abdomen is so enlarged as to render movement especially inconvenient, a circumstance more commonly noted in later than early pregnancies—an elastic bandage made especially for such cases should be procured from a surgical instrument maker, and worn regularly; when the elastic bandage proves uncomfortably tight, and cannot be made at once easy and efficient by adapting the laces—a flannel bandage will afford a great deal of comfort.

MISCARRIAGE

Is, perhaps, the most important disorder which can occur during pregnancy. It consists in the discharge of the contents of the womb before the time when it is probable that a child can be born alive—that is to say before the completion of the seventh month of pregnancy. It is usual to describe such an accident during the first four months as an "abortion," during the ensuing three months as a "miscarriage,', and during the remaining two as a "premature labour." There is an unnecessary degree of refinement in this division, and therefore all separations of the fœtus

before the seventh month will be regarded as "miscarriages."

The importance of paying due regard to the indications of a miscarriage arises not merely from its occurrence involving the destruction of the infant, but from its debilitating influence on the health of the woman, and from the fact that it is quite possible to establish a habit of miscarrying.

The early months of pregnancy are those during which miscarriages are most frequent. When it happens within the first three months the disturbance is not considerable, but occurring after the commencement of the third month, it becomes a matter of some consequence, the source of danger being in the amount of flooding attending the separation of the fœtus and its surroundings, from the womb.

It cannot be too strongly enforced that miscarriage is a preventable accident; that with the exercise of due care and caution it will but rarely take place. What then are the causes to which it may be assigned? Over exertion, as when taking too long a walk; improper exertion, as horse exercise or dancing; undue excitement, as when indulging in a never ending round of party-going, theatre and opera visiting. It sometimes arises from suddenly developed strong

emotions, as fright, passion, the hearing of painful news, or attacks of hysteria. Again it may be produced by over-reaching, by falls, by the use of the sewing machine, and by the needless employment of purgatives. These and such as these are the causes of by far the greater proportion of miscarriages. Others there are no doubt consisting in disease of the womb or its contents, which it is unnecessary to describe here, as such conditions can only be recognised by one who has made them a special subject of study and investigation. Compared however with the number of preventable circumstances which lead to this accident they are few.

During the first two or three months of pregnancy, the symptoms indicating an approaching miscarriage are often obscure, and resemble very closely those marking a painful monthly period. There will be some aching in the loins and the lowest part of the back, probably some bearing down pains, and a degree of mental depression. These if allowed to go on unchecked are speedily followed by a discharge, and the appearance in it of a small lump, which may be regarded as only a clot, but which is in reality the "ovum," some more discharge will follow, the pain will gradually cease, and the patient is well again. At a later period than this, the symptoms are more

distinctive. The pain is greater, and more forcing, the discharge is more considerable, oftentimes preceding the termination of the miscarriage by several days, and not unfrequently continuing for sometime after it has been supposed to be completed, a circumstance depending upon the non-discharge of the after-birth.

Whenever a woman who believes herself to be pregnant feels any unusual weakness, with pains in the loins, lower part of the bowels and down the thighs, symptoms similar to those which frequently precede the usual monthly period, she should at once take steps to avoid the chance of a miscarriage.

To prevent an accident of this kind the first duty is to avoid exposure to those circumstances which tend to excite it. One most important point to be remembered is that miscarriage very usually occurs just at the time when, but for the existing pregnancy, the "period" would be present. Hence a memorandum of the "due date" of these seasons should be kept, especially by those who have already miscarried, and every precaution should be taken at such times to avoid anything conducive to miscarriage.

A much greater amount of rest in the recumbent position should be taken on these occasions, not rest in bed, which is enervating, but on the sofa. Where a disposition to miscarriage has exhibited itself, the patient should at these times lie on the sofa continually. The same remedy—for rest is a remedy quite as much as any medicine—should be resorted to on the appearance of any of the symptoms which have been given as indicating the approach of a miscarriage; and it is especially desirable to obtain professional assistance at once. If this is not available, the most suitable medicine in this—the premonitory stage—will probably be the tincture of *Ignatia*, of which one drop of the 1st dilution may be taken in half a wine-glassful of water every two or three hours, according to the urgency of the symptoms. When pain of a distinctly bearing down, forcing character is felt, and some discharge appears there is no one medicine in which I have more confidence than *Secale*.

Mix 20 drops of the 2nd dilution of *Secale* in 8 table-spoonsful of water, and take a dessert-spoonful every two hours.

If the pain be severe and the discharge great, a tea-spoonful of this mixture may be taken every half hour for two or three hours.

This, together with absolute rest, will—certainly not infallibly but in the larger proportion of cases—suffice to check the effort of the womb to discharge its contents.

After the symptoms have subsided the patient should, for at least a week, continue to spend her time on the sofa; her recovery will be accelerated by taking five drops of the 1st dilution of *China* in a wine-glassful of water three times a day.

When the tendency to miscarry has been pronounced, medical assistance should be sought, and for this simple reason, that it may and probably does depend upon some disordered condition (either of the womb or of some other organ) of which the patient is not aware, but which being discovered may be readily removed.

With regard to diet, it need only be stated that it must be regulated by the necessities of individual cases. During the premonitory symptoms it should be light and non-stimulating. The daily allowance of solid meat should be reduced, and its place supplied by good beef-tea; while the quantity of milk should be increased. During the more active symptoms beef-tea should be given freely. If there is a tendency to fainting, wine will be required, and two or three glasses of burgundy ought to be taken in the course

of the day, or small quantities of brandy and water. After the cessation of the discharge, full animal diet should be given, and a glass or two of wine at luncheon and dinner.

CHAPTER V.

PREPARATIONS FOR THE TERMINATION OF PREGNANCY—TREATMENT DURING CONFINEMENT.

THE preparations for the time of confinement must be made not only sufficiently early but with due care. Upon their completeness and sufficiency, especially in some particulars, will depend much of the comfort, and not a little of the safety of the mother and her infant.

The selection of an intelligent, useful "monthly nurse," is a matter of first-rate importance. Upon her attention, upon the quickness and accuracy of her observation, upon her competency to act with skill and promptitude in an emergency, upon her cleanliness, steadiness and obedience to orders, will the life of her patient occasionally depend, while to the infant in her charge she must be able and ever ready to devote all the care that so helpless a being will

require. Such being the case, too much caution cannot be exercised in the choice of a nurse. A good nurse moreover soon gets known, and her services are eagerly sought after, by an ever increasing circle of young mothers. Hence it is important to engage a nurse early; it will be wise therefore not to postpone doing so later than the middle or end of the third month. The best person to consult in enquiring for a nurse is the surgeon who will be expected to attend the patient. Medical men have many opportunities of observing the qualifications of nurses, and by the nature of their studies and occupation are better fitted than others to advise in their selection. On applying to her doctor, a patient will perhaps receive a list of three or more and be left to choose from them the one she likes best. First impressions in such a matter go a long way. The best nurse is a middle aged woman, who either is or has been married; is neat and clean in her person, of a cheerful countenance, gentle and respectful in manner, and whose house or room looks tidy. Deafness, imperfect sight, undue stoutness, or a tendency to chatter, are decided disqualifications for performing the duties of a nurse. It is also important to obtain from a former employer correct information as to her sobriety, and general behaviour. A monthly nurse who does not contrive to

keep on good terms with other servants in the family, is generally a source of much trouble and annoyance.

A word must be said on the payment of the nurse. A good nurse is worthy of a good fee, and an indifferent one is valueless. Therefore, in engaging a nurse, character and ability should be alone regarded. A pound or two is saved many times over in a really useful nurse; and there is seldom any greater difference between the charges of one who is efficient, and one who is the reverse.

The duty of a nurse consists in exclusive devotion to the comfort and well-being of the mother and her infant. On coming to the house, her first business will be to see that everything is in readiness to meet the wants of the mother, during, and immediately after the delivery, and that proper preparations have been made for the infant. The time for summoning the surgeon will generally be fixed by her. She must assist the patient during the pains of labour, either by supporting her back or holding her hands. She will have to see that her patient is properly fed; to administer enemas when they may be needed; to attend to the airing of all napkins that may be wanted; to have plenty of hot and cold water always ready; to remove all soiled linen after the completion

of the delivery; to wash and dress the infant; to look to the temperature and ventilation of the room, and to ascertain from the surgeon all that he may require to be done for the welfare of the patient, and implicitly to obey his directions. During the month she remains in the house her duties as regards the patient will vary with her condition, while the infant will be constantly under her care.

Some attention ought to be paid to the breasts for a couple of months before the confinement is expected, and more especially when pregnancy exists for the first time. The breasts and nipples are very liable to become tender and sore, both from the distention produced by the secretion of milk, and from the efforts of the infant to obtain its supplies of nourishment. To prevent this it is well to wash both breasts and nipples with equal parts of spirit and water, morning and evening, for at least two months before they are likely to be called into action. For this purpose, brandy or eau de cologne, or spirits of wine are all equally available. If they are sore from over distension they should be rubbed with a little eau de cologne and oil, in equal proportions, and supported by a flannel bandage, care being taken

to protect the nipple by linen rag from the rough surface of the flannel.

The "basket" and "cot" should both be prepared by the end of the seventh month. Being thus early in readiness two ends are accomplished—the possibility of a premature confinement is provided for, and the duties of the last two months of pregnancy are lightened—no small boon to many. Together with the baby's clothes, the basket should contain a goodly supply of pins, four of which should be strong and stout, an inch or an inch and a quarter long. Some strong pack-thread for tying the "cord;" a pair of sharp scissors with blunt points; a binder—this should be made of strong diaper, or twilled calico, be about half a yard wide and two yards long; napkins should be numerous, and while the labour is proceding, three or four should be always kept near the fire, so as to be warm when wanted. Brandy ought always to be at hand in the sick room. If required it is so suddenly, and the time spent in fetching it from a cellaret is valuable beyond description.

It is very desirable that the bowels should be empty during labour; and, therefore, unless they

have been freely moved shortly before it commences, an enema of soap and water, or of gruel should be administered. No harm can possibly arise from it, while any obstruction that a loaded condition of the lower bowel might present to the passage of the child will be removed, and labour be proportionally expedited. An enema is much to be preferred to castor oil, inasmuch as the latter necessarily creates some disturbance of the stomach, is longer in acting, and when it does excite the bowel to motion may do so more violently than is desirable.

Where it is possible to make a selection let the room in which the confinement is to take place be large and airy. The bed—a "half tester" with the *minimum* allowance of hangings—should be so placed as to admit of the patient not being exposed to a draught when the window is open, as it ought to be every day.

The bed will require to be so arranged as to avoid its being soiled. For this purpose a mackintosh sheet, a yard and a half square, should be spread over the sheet on the right-hand side of the mattress, and over this a sheet folded in such a manner as to present a surface of a little more than a yard square, and over this another folded in a similar manner.

After labour, when the patient is "made comfortable," this can be withdrawn without seriously disturbing her.

During delivery the patient should be lightly and loosely dressed—the ordinary bed-gown and a flannel petticoat with a warm dressing gown, to wear when moving about the room will be sufficient—anything in the shape of stays or tightly fitting clothes are of course out of the question.

Besides the nurse, the patient should only have one person with her and that an intimate friend, one who has herself had children being preferred. The patient's mother is usually present on such occasions, and if she is a sensible woman and can restrain her feelings when witnessing her daughter's suffering, is able to encourage her to endure with patience, and will abstain from recounting all the, for the most part imaginary, perils she herself has escaped, there can be no one more fitted to comfort, to support, and, finally to rejoice with her. A timid, anxious, demonstrative woman constantly chattering and relating all sorts of terrible stories about "Dear Mrs. So and So" is simply a nuisance in a lying-in-room.

Therefore, let the patient, when she asks a friend to be with her at such a time, see to it that she fixes on

one reputed to have good common sense, with plenty of courage, as well as of love and sympathy in her nature.

Before proceeding to describe the symptoms of actual labour, it will be well to refer briefly to its duration. This varies much in different women. A first labour is, as a rule, far more tedious than a subsequent one. One in which a boy is given birth to is likely to be longer than that where a girl is born. Much will depend upon the size of the child's head; upon the strength with which the womb contracts; upon the degree to which the passage is prepared by being softened by the "shows"; while any over-loading of the bowel, or over distension of the bladder is certain to protract labour. As all these circumstances have to be taken into account in estimating the duration of a given labour, and as some of the more important of them are, at the time what mathematicians term, "unknown quantities," it will at once be evident how impossible it is for the medical attendant to inform the patient, with any degree of accuracy, of the time when her trouble will be over.

Speaking generally it may be said that twelve hours are usually occupied in a first labour in a young woman, and from six to nine in a second.

When a person is confined for the first time after 30 or 35 years of age the delivery does not usually take place so rapidly. But it is some consolation to remember that a "slow" labour is generally a "safe" one. The womb contracts more thoroughly and completely, and the chances of flooding are thereby greatly diminished.

During the last week or fortnight of pregnancy the patient often feels lighter and can move about more easily than she has been able to do for a month or two. This arises from the womb gradually lowering—settling down to the work before it. In some cases, and more frequently in first than in after pregnancies, the patient is troubled with occasional pains of a sharp, spasmodic character in the upper part of the abdominal enlargement, sometimes extending down the thighs, sometimes upwards to the stomach. They come on at irregular intervals and are felt more at night than during the day. These are often mistaken for the pains of labour, and on this account have been called "false pains." They give no occasion for anxiety, and are no indication of approaching labour. On the contrary they generally owe their origin to some disordered state of the stomach or bowels, are of the nature of colic and require to be treated accordingly. A drop of the pure tincture of *Chamomilla* or the

same dose of the 1st dilution of *Pulsatilla* in half a wine-glassful of water, taken thrice a day, will suffice to check them. The former is to be preferred when there is much irritability or nervousness, with flatulence and diarrhœa. The latter, when the pains are simple and unattended with diarrhœa. If constipation is present an enema of gruel (one pint), and two table-spoonsful of olive oil should be given and followed by *Nux Vomica*.

TAKE,—*Tinc. Nucis Vomicæ* (1st dil.) six drops, water six table-spoonsful.

Mix and take a table-spoonful every four hours.

Every now and then for a few hours before the actual pain of labour commences the womb is felt to harden or contract for a few minutes, but without producing any actual suffering. When this occurs the nurse should be sent for without delay. The calls to pass water now become more frequent and demand prompt attention. In a little while pain in the back comes on short and sharp in its character and recurs at regular intervals. Some degree of shivering occasionally presents itself. It is rather an indication of healthy progress than an untoward event, and requires no other treatment than a cup of warm tea and an extra blanket. This pain in the back gradually extends its area until it encircles the lower part of

the body; and as it more thoroughly involves the front it is generally, though by no means uniformly, less felt in the back. With its position, its character also changes, and from being "grinding" or "sharp," it becomes "forcing" or "bearing down." These are the true expulsive pains. With the earlier pains the "show" appears. At first it is clear, but as labour advances, as the mouth of the womb becomes stretched widely open to admit of the passage of the child, it is tinged with blood. This discharge, together with the altered character of the pains, indicates that labour is rapidly advancing. As soon as this fact is established the medical attendant should be summoned. On his arrival, it will be his first duty to ascertain by cautious examination, during the presence of a pain, the position in which the child lies. It is of great importance that this should be done early; because any malposition may be rectified much more easily and much more safely at this stage than later. Besides, when, as in the vast proportion of cases, all is right, how great is the satisfaction to the patient to know that it is so; how much does such knowledge tend to enable her to bear with courage and patience the suffering through which she has to pass.

During such an examination, and throughout the act of delivery the patient lies on her left side with her

knees bent, the hips being close to the edge of the bed.

While labour is progressing there is no necessity for her to remain in bed, on the contrary everything will go on much more favourably if she is up and moving occasionally about her room, until the rapidity and urgency of the pains betoken speedy delivery. She should have an occasional cup of warm tea, or if at all faint or weak, one of beef tea will revive her much. Any appetite for food of a simple and nutritious character should be gratified. Not unfrequently however a tendency to sickness will check all desire for food. Happily it is a matter of no moment—"sick labours" have the reputation of being safe and speedy labours. Any cramp in the limbs may be relieved by rubbing them with a warm flannel.

During (but on no account before) the forcing-pains, the patient will derive assistance from pulling at a towel, fastened to the left hand side of the end of the bed. Additional help will be afforded by a long towel or binder passed round the body, enveloping the upper portion of the abdominal enlargement and held firmly, and in a downward-slanting direction by the nurse, who with the other hand can often give much relief by pressing against the back. The pressure thus made assists the womb in its contraction by

giving it a "purchase." It should however be carefully and judiciously exercised, and not pass beyond giving firmness and support to the parts engaged; on no account should it amount to dragging.

At the same time the patient should "bear down" to the pains, that is, she should during a pain hold her breath, press her feet against some firmly fixed support, and pull at the towel fixed to the opposite corner of the bed. During the forcing or expulsive pains much assistance is given by earnestly adopting this plan, while, during the mere "grinding" pains of the first stage of labour, no good and much harm will result from attempting to put it in force.

The "waters" break at different periods of labour in different persons; the longer they can be retained until the womb is sufficiently open to allow of the passage of the head the quicker will be the delivery. As soon as they have broken, the surgeon should, if not previously summoned, be sent for at once even though it be before severe pains have occurred. At frequent intervals during labour the bladder is to be emptied. The calls to do so generally indicate the requirement, and when they do not it is the duty of the nurse to induce her patient to endeavour to pass water. Where there has been no evacuation of the bladder for several hours, and it has become distended

the nurse must prepare her patient for the surgeon's interference. The bladder must be relieved or during the violent efforts of the last few pains it may be seriously injured. The introduction of the catheter is a perfectly simple and harmless proceeding and gives incalculable relief in such cases.

The child having been born, its vitality having been satisfactorily established by a vigorous cry, and the cord having been tied by the surgeon, it will be handed over to the nurse, who will envelope it in flannel and entrust it to the patient's mother or friend while she holds herself in readiness to assist the surgeon in the completion of delivery.

The cord is tied with a skein of half a dozen or more strings of pack-thread, about an inch and a half from the abdomen of the child, and again about an inch further along the cord. The knots should be thoroughly tight. Midway between them the cord should be cut. Any bleeding from the navel of the child, must be carefully searched for and immediately remedied, by passing another ligature around it slightly nearer to the body of the child.

Leaving the child in safety we return to the mother. It is often (indeed so often that it is undesirable ever to omit it) advantageous to give her a drop of the 1st dilution of the tincture of *Ignatia* in a tea-spoonful

of water immediately after the child is removed, and to repeat the dose every five minutes until the after-birth has been separated. The surgeon or the nurse under his direction will now place his or her hand gently but firmly over the womb for the purpose of promoting the rapidity of its contraction, in order, first, to check any disposition to flooding; and, secondly, to expedite the delivery of the after-birth. The "binder" or broad bandage passed round the lower two-thirds of the abdomen, to support the structures weakened by the exertions they have made, is sometimes applied before the after-birth is removed. If the patient is much exhausted by her final efforts, and due pressure is maintained by the hand its application may be reserved until this has come away. In putting it on care must be taken to disturb the patient as little as possible; to effect this roll up a portion of it and passing it under her, let some one on the other side of her draw it outwards, and pass it over the front of the abdomen to meet the other portion. It must be smooth, well under the hips, and being drawn tightly and firmly, be pinned with three or four strong pins, of an inch or an inch and a quarter long. Safety pins are not strong enough for this purpose. After the delivery of the after-birth, the binder must be unfastened and

tightened, and should there be any disposition to flooding, the tightness must be increased by placing a napkin over the upper part of the womb, with one or more on either side, to ensure its being firmly fixed in its natural position and to encourage its uniform contraction.

Should it so happen that the medical attendant was unable to be present at the birth, the nurse will have to manage the delivery of the after-birth. Her best course in this event will be to let it alone, above all things she should not pull at it, but wait patiently, keeping up pressure on the womb and giving *Ignatia* every four or five minutes until it is expelled. She should of course be on the watch for it, and when it passes into her hand, should gently—very gently—and slowly—very slowly—draw it towards the thighs of the mother, waiting until all its attachments are fairly free, before she removes it to the vessel she has in readiness for its reception. Any violent dragging at the after-birth will assuredly break the cord, and then flooding is almost certain to follow.

The after-birth being removed, a warm napkin should be applied to the mother; the discharge of blood and clots which have attended the expulsion of the after-birth should be wiped away by the nurse, and the patient allowed to remain for an hour or two

exactly in the position in which she was during delivery.

Any faintness that may arise, must be carefully watched, as it is an almost certain indication of flooding. If it does occur brandy in small quantities must be given at once, and increased or diminished according to the effect produced. When flooding is very severe, brandy is sometimes taken without being tasted—a sure indication this of its necessity. In such an emergency medical assistance is essential; until it is obtained *Crocus* should be given—one drop of the pure tincture in a tea-spoonful of water every five minutes—and the child be put to the breast. It will often take hold of the nipple, and by so doing will excite the womb to contract; while it is only by securing its complete contraction that such a catastrophe as flooding can be averted or overcome.

Labour having been completed, the mother should be allowed to remain perfectly quiet. She should not be disturbed by the affectionate congratulations of husband or friends, but be allowed to rest. A cool cup of tea, or of milk, or beef tea may be taken, should she desire any refreshment. The room must be darkened, and all things be kept quiet.

In about twenty minutes the napkin should be

changed by the nurse, and any indication of flooding at once communicated to the doctor.

A drop of *Ignatia* given in a tea-spoonful of water every hour, for three or four doses, materially assists in calming the nervous system, and so inducing sleep. After the prescribed rest, the upper soiled sheet will be removed, the under one—more or less dry—being allowed to remain for six or eight hours longer (by which time the discharge will have become moderated), when it, together with the mackintosh, may be drawn from under the patient, and napkins will be found sufficient to keep all dry and clean.

Rarely after a first confinement, but generally after those which follow, pains, similar to those of labour, and known as "after pains," come on two or three hours after delivery, and recur at intervals for a day or two. Together with these, and after first labours without them, there is considerable smarting and soreness of the passage. Both conditions may often be relieved by the same remedy *Arnica*.

TAKE,—*Tinc. Arnicæ* (1st dil.) twelve drops, water twelve tea-spoonsful.

MIX and TAKE a tea-spoonful every two hours.

The smarting will also be much relieved by bathing the external parts with warm water, care

being taken that all is well dried afterwards, and a warm napkin applied.

If the after-pains are especially troublesome give *Chamomilla.*

TAKE,—*Tinc. Chamomillæ* (ϕ) twelve drops, water six table-spoonsful.

MIX and TAKE a table-spoonful every two hours.

After the discharge of blood has ceased, that known technically as *lochia,* and popularly as "cleansings," takes its place. The character and quantity of this discharge require to be carefully watched, as its sudden decrease and still more its entire suppression, or its emitting a faint and somewhat putrid odour, are sure indications of serious illness.

This discharge is a secretion from the internal surface of the womb, arising from the gradual healing of the part whence the after birth was separated. During the first three, four or five days it is more or less mixed with blood, and hence is of a reddish colour; it then becomes brownish, and gradually pale, until at the end of a week or ten days it is almost clear, being only faintly green. It is thin and serous in quality during the latter part of its duration—thicker and more consistent a day or two after delivery.

It varies in duration in different persons, but has generally disappeared by the end of three weeks.

If it is excessive in quantity it becomes depressing, the appetite fails, and the strength which was returning receives a check. In this case, let the patient have two grains of the 1st trituration of *Quinine*, or two drops of the pure tincture of *China* in a wine-glassful of water three times a day; and at the same time give her two or three glasses of port wine in the course of the day.

If the quantity of discharge diminishes suddenly there will usually be some pain or tenderness over the abdomen, and some degree of fever also. To remedy this let the abdomen be well fomented, and three drops of the 1st dilution of *Aconite* be given in a wine-glassful of water every hour or two.

When the discharge has an unpleasant semi-putrid odour, the passage should be syringed with a mixture of two table-spoonsful of Condy's Fluid (pink) with a pint of tepid water every six hours. One or two syringings will generally correct this condition if administered promptly.

Scrupulous attention to cleanliness will ordinarily suffice to keep this discharge healthy. A warm fomentation of the parts, at least twice a day, ought never to be omitted .If there is any soreness, instead

of hot water use an infusion of *Calendula*, commonly called "Marigold tea." For this purpose take two ounces of the leaves and flowers of the marigold, and enclosing them in a bag of book muslin, suspend them in a jar containing a pint of boiling water. Cover the jar and let it stand in a warm place for an hour, and after well squeezing the bag pour off the liquid, which is now ready for use.

CHAPTER VI.

MANAGEMENT OF HEALTH AFTER CONFINEMENT— NURSING—WET-NURSING—WEANING.

No more important revolution in practical medicine can be traced to the influence of scientific investigation than that which has been wrought by physiology in the management of convalescence after a confinement. The years are not many since the time when a woman, who had given birth to a child, was kept in bed surrounded on all sides by tightly drawn curtains; when the room was heated to an almost unendurable degree; when every crevice by which air could obtain an entrance was carefully closed; when no food beyond gruel, and that of thinnest, was allowed for several days; when the bowels not having been opened within twenty-four hours were stimulated to undue exertion by an aperient draught; when sleep, which in such an atmosphere was an

impossibility, was compelled by an opiate. Dread of the bugbear inflammation—ignorance of the physiological needs of the animal economy—entire absence of any knowledge of the first principles of sanitary science are accountable for the teaching and practice of a method of treatment so fruitful in creating disease, contributing so largely to that mortality which, less than half a century ago, rendered the puerperal state one fraught with danger and anxiety.

Physiology has taught us that to avoid disease we must submit to the conditions necessary to health. It has shown that pure air and adequate nourishment will do as much to promote health, and to avert disease as all the fussy precautions of former times against cold and fever did to excite it.

Away then with all curtains; let the temperature of a patient's room not exceed 60° or 65°; let the windows be opened every day—in summer time all day; let all soiled clothes, discharges, and evacuations be removed from the room at once—let nothing remain in it from which the least foul smell can proceed. And further, to ensure a pure atmosphere, have three or four soup-plates containing Condy's Fluid or Chloralum powder in different parts of the room.

The diet of the patient is to be regulated by her

condition. Let us reflect for one moment what this is. During labour she has gone through severe exertion; this exertion gives rise to great fatigue—all parts of the body are wearied and incapable of much action. Hence the digestive apparatus is not equal to the conversion of a full meal into the nutritive fluid which supplies the wants of the body. From this it follows that the food given should be of the simplest—of a kind more easily digested than any other. For a few hours then the patient should only have milk or gruel, or cocoa. When the good effects of rest and sleep are manifested; when, that is, the natural power of the body is returning, beef-tea may be given in addition. On the second day some fish, and on the third a little chicken or game, or a mutton-chop; and, thereafter—at any rate if the bowels have been moved and the appetite is good—the patient may take such simple food as she is ordinarily accustomed to when in her usual health.

As drinks, plain spring water, toast and water, and milk are the most suitable. Stimulants are not necessarily required; and unless there is some special reason for taking them, are best avoided. If any is desirable, a glass of port or burgundy is more suitable the week after delivery, than either beer or porter.

The taste and habits of the patient may, however, be safely consulted in this matter, and that form of stimulant which she is in the habit of using will be that most likely to agree with her now.

The dietary should not be dictated by the idea that disease is present, or that it can be avoided by starvation. The condition is one of fatigue requiring small and frequently repeated quantities of the simplest food until the first shock produced by it has passed away; that having gone, the appetite is our best guide, care being taken that it is not gratified by food of an indigestable character.

Another precaution suggested by the nature of the process of parturition and the condition of the organs especially taking part in it, is the necessity for rest, and for rest in the recumbent posture. The great ambition of many nurses, and unfortunately, of not a few medical men, is to see their patient sitting up at the earliest possible moment.

It is a dangerous form of ambition. Time and absolute rest must be allowed to enable the womb which has been so actively engaged, and has so rapidly subsided to secure the strength needed to regain a fixed position. By getting up, standing or sitting in a chair soon after a confinement, the ligaments of the womb being weak and relaxed give

way, do not recover their tone, and falling of the womb results. To avoid this, the patient should be kept in bed—rigidly kept in bed for at least eight or nine days. If the patient is a healthy woman of average strength; and if her labour has not unusually weakened her, she may then be placed on the sofa for a few days, and afterwards sit up, and occasionally walk about her room. After having been on the sofa for three days it is advisable to move her—while on the sofa—into an adjoining room. The change is grateful, and often does much to promote convalescence.

When off the bed the clothes should be taken away into another room, in order that the bed may be thoroughly ventilated; and when able to leave the room, the windows should be thrown widely open.

If, on the other hand, there has been any serious flooding, or if the patient has suffered from falling of the womb, she should remain in bed for fully three weeks. In the latter case much good will be done by insisting upon her remaining in the recumbent position—never putting her feet to the ground at all—for six weeks or two months. During the first three weeks she should remain in bed, and throughout the remainder of the time, be carried from the bed to the sofa. At the end of six weeks, she

should very cautiously test her power of walking. If there be any feeling of weakness or bearing down she should desist at once, and forthwith revert to the sofa. Prolonged rest in the recumbent position is the true remedy for such cases, and it is never more effectually enforced than after a confinement.

Another good and sufficient reason for insisting upon the importance of rest *in bed* is the increased sensibility to cold, which the exertion that has been undergone induces. A slight current of air, unfelt by persons around her, is immediately perceived by a patient who has recently been delivered. Hence it is needful to shield her from cold, and to prevent the least exposure, by having her well covered with bed clothes. Not for the purpose, be it observed, of keeping her in a high temperature, but to prevent the access of cold air.

When the bed requires to be made comfortable she should be gently lifted from the side on which she has been lying to its opposite; the bedding can then be shaken up, and the patient replaced in her previous position. On no account whatever should a woman be removed from bed for this purpose for eight or nine days.

"When may I go out?" is a question often anxiously asked after a patient has been permitted to

change her room for a few hours. The answer to such a query must depend not only on her condition, but on the season of the year, and the temperature of the atmosphere. In fine warm weather, during the later weeks of spring, the summer and the earlier part of the autumn, a drive will—if all has gone on well—be admissable during the third week after delivery. But later in the year, and throughout the winter a patient should not leave the house until the expiration of a month—until in short she has by going about the house, become somewhat inured to cold. During cold weather too much caution cannot be exercised in selecting the time for the first drive. Where north or north east or easterly winds prevail, and when the atmophere is damp the desire to leave the house should not be gratified until health and strength are firmly re-established.

I now proceed to give a few directions for the management of some of the chief disturbances in health which are apt to occur after delivery, and in connection with nursing.

After a labour, and more particularly when the suffering has been considerable, or when the patient has omitted to pass water with sufficient frequency, there is often at first some little difficulty in emptying the bladder.

It is important that the first efforts to urinate should be made in the recumbent position. The patient should be encouraged to pass water soon after delivery, but should not be allowed to rise for the purpose in the least. If there is much straining a drop of the 1st dilution of *Arnica* in a dessert-spoonful of water will generally relieve it. The application of a warm cloth to the parts will sometimes suffice. After six or eight hours, if it appears impossible to void urine in the recumbent position, the patient may be allowed to do so by turning on her face and knees.

Formerly there was always much mischievous anxiety to get the bowels moved within twenty-four hours of delivery. There is no more frequent source of that life-long trouble, falling of the womb, than forcing an action of the bowels shortly after the birth of a child. All the organs in the lower part of the abdomen have been subjected to great exertion, they have in short been strained. The remedy for this condition is rest, and if this rest is not allowed, if they are compelled to exert themselves again before they have recovered their tone, they will be permanently weakened. The bowels then should be let alone. Don't give castor oil or compound rhubarb pills, or even an enema. Probably about the third or

fourth day a natural action will be obtained. If it is not, and the patient feels uncomfortable, let her have the following:—

TAKE,—*Tinc. Bryoniæ* (1 × : dil.) 12 drops, water six dessert-spoonsful.
Mix and take a dessert-spoonful every three hours.

If this does not succeed in inducing the bowels to act, give an enema of gruel and olive oil, two table-spoonsful of the latter to a pint of the former.

Castor oil is rarely required. It will be so in women who suffer from habitual constipation, or who have been much habituated to the use of purgative medicines. In such cases, if the enema does not bring away a sufficient motion, give a tea-spoonful of oil—and then let the patient take the *Bryonia* (as just directed) for some days.

When with constipation there is any tendency to drowsiness or headache, *Opium* will be preferable.

TAKE,—*Tinc. Opii* (1st dil.) six drops, water six table-spoonsful.
Mix and take a table-spoonful every four hours.

During the last few weeks of pregnancy, the secretion of milk commences. In some women there is often a little oozing of milky fluid from the nipples for some days before labour sets in. In others again and in almost all first pregnancies, nothing beyond

enlargement is observable. The infant if put to the breast shortly after birth rarely succeeds in obtaining nourishment, but frequently giving him the opportunity of procuring it tends greatly to promote its secretion. Two or three days after a confinement, what nurses term "the draught" is felt. This is often attended by slight shivering, followed by a quickened pulse, heat of skin, and thirst—the so-called "milk-fever." A few doses of *Aconite*—a drop of the 1st dilution in a table-spoonful of water repeated every hour—will speedily check the disturbance. At the same time hot bottles should be applied to the sides and feet of the patient, an extra blanket should be added to the bed, and the breasts be kept warm by additional coverings. If this accession of fever is not attended with any diminution of the lochia, or with any pain or tenderness in the abdomen it need not excite alarm. As the secretion of milk becomes fully established—and it does so very quickly—the mother will become cool and comfortable. The child should now be nursed and allowed to feed as heartily as he will. If the breasts remain full and uneasy after he has taken as much as he requires, the pump should be used to draw off the remainder. The application of the pump ought always to be followed by fomentation with a hot sponge.

This appears the most suitable place for a few remarks on nursing.—

The question will first arise whether a woman should suckle her infant, or whether it should be entrusted to a wet nurse. The decision of this question will have to be arrived at by the consideration of several points, viz.: the constitution of the mother, her state of health at the time, the size of the nipples, and the supply and quality of the milk.

It isof great importance that every healthy mother should be a nursing mother. Nothing should be allowed to interfere with so positive a duty. To forego it for the sake of pleasure, or in order to escape the restraints it involves, is to sacrifice the interests of the child, to risk its health, to preclude its full opportunities for development. How any woman, possessing a true mother's love, can, as it were, place her own offspring on the altars of amusement and convenience, it is indeed difficult to divine!

But, nevertheless, there are cases where it is undesirable, alike for her own sake and the infant's, that she should suckle it. These are, for the most part, cases where there is much constitutional weakness, as in persons who show a tendency to consumption, or who are thin and feeble, and have little or no

appetite. They may, on previous occasions, have tried to nurse, but, in consequence of the weakness it induced, have been compelled to desist from doing so. Such persons had better not make the attempt after a subsequent confinement. The gland is only irritated to no purpose, the infant is never satisfied, and there is no small danger of milk abscess if any excitement is set up in the breasts. After a confinement, where there has been serious flooding, it will be very injurious to tax the mother's strength by making a further call upon it. She will require all the rest she can obtain, and all the food she can digest to recover her own loss of power, while any milk she may secrete will be of little service to the child. Some are unable to nurse in consequence of the smallness of the nipples. In many cases this may be remedied by drawing them with a breast pump, after a good sponging with hot water, and then putting the infant to them. If the child is strong and hungry, he will soon develope them. But in some cases they are beyond remedy, and fruitless sucking is too irritating to be permitted. Milk abscess is one of the results of so doing. In other women, the milk secreted is so poor and thin that it affords no nourishment for the child. When this is the case, it is better to let him have what he can get,

and supplement it by a mixture of cow's milk, sugar, and water.

Other circumstances there are which may preclude nursing, but they are, for the most part, such as are individual, and consequently can only be pointed out by the surgeon in attendance.

It must be understood that every mother whose health is sound, whose secretion of milk is good, and whose breasts present no obstacle to the child obtaining its supplies, is in duty bound to give her infant that nourishment which has been provided for it, that nourishment which is better adapted to its full development than any other, and to do so regardless alike of her convenience or amusement.

While nursing, it is necessary to allow the breasts every opportunity for expanding. Hence the dress must be loose around the chest, no bones should be in the stays; nothing, in short, should be permitted to press upon the breasts. Support may with advantage be given by passing a silk handkerchief under the breast and slinging it around the neck. The warmth of it, too, is necessary, both to encourage the secretion of milk and to avoid any chance of inflammatory action being set up in the breasts by a chill. An organ so actively engaged as is the milk-secreting breast is peculiarly suscep-

tible to atmospheric influences. The breasts should, therefore, be covered with flannel, with the exception of the nipples, over which a piece of linen or muslin is to be placed.

The infant should be put to the breast at regular intervals. Habits are formed early, and it is perfectly possible, by only giving the child its food at stated times, to prevent its wanting to be fed at others; regularity in feeding encourages digestion, and therefore secures thorough nutrition. On the other hand, giving the child the breast whenever it cries, and so keeping the stomach constantly at work, is a sure cause of imperfect digestion, with its consequences, flatulence and diarrhœa.

After the supply of milk has been fairly established, the infant should be fed every two hours, the interval being gradually lengthened, until, when three months old, it is only nursed once in four hours.

A mother should not nurse her child when under the influence of any great excitement, whether this proceed from grief, anger, or over-exertion. The influence of the emotions upon the milk is truly marvellous. The death of an infant has ere now been clearly traceable to its having taken the breast at a time when its mother had been suddenly shocked by some painful intelligence. Nursing under such

circumstances is almost sure to give rise to griping or diarrhœa in the child, and consequently to make it cross and irritable. If the milk is rendered unwholesome in this or any other way, nutrition is interfered with, and the healthy growth of the child prevented.

Diet during nursing need not be exceptionally "high." All that is requisite is, that the appetite be satisfied with plain simple food. Any thing that disagrees with a mother almost invariably affects the quality of her milk, and in so doing influences the child.

Animal food, plain beef or mutton, fowl, game, or fish, should be taken twice a day. Milk in various forms, either cold or boiled, or in farinaceous puddings, may be used almost *ad libitum*. A glass of milk placed at the bedside on retiring to rest enables the mother to refresh herself, should she be exhausted with nursing or loss of rest during the night. Cocoa is an excellent kind of food for a nurse. Stimulants are best avoided if possible. But the cases where they are required are, after all, numerous. It is no easy matter to decide the best form in which to take alcohol. Brandy, whiskey, or gin are certainly injurious, and ought never to be tasted. Draught porter or mild ale are generally better than wine. If,

however, wine is habitually taken by the mother, it will probably agree better with her than anything else, and in this case Port or Burgundy will be the best kind to select.

In some mothers, who anxiously desire to nurse, the supply of milk is deficient. This is in some cases due to a want of proper secreting power in the breast itself, but in others it arises from a lack of general tone. When the secretion is limited by the former cause the health of the mother will be good, her appetite sufficient, strength not below the average, the bowels regular, and she will be free from headache or any other discomfort. In such a case give the following :—

TAKE,—*Tinc. Assafœtidæ* (2nd dil.) 12 drops, water six table-spoonsful.

Mix and take a table-spoonful every four hours.

When the deficiency of milk occurs in a pale weak woman, of lax fibre, with a poor appetite and who frequently complains of headache, flatulence, and constipation—give the following :—

TAKE,—*Tinc. Agni Casti* (3rd dil.) 12 drops, water six table-spoonsful.

Mix and take a table-spoonful every four hours.

Should no satisfactory increase in the supply of

milk appear after having taken this prescription, for a week or ten days, then give—

Powder Calcareæ Carb. (3rd trit.) gr. ii.
To be taken dry on the tongue three times a day.

How must the opposite class of cases be dealt with—those where either from a want of appreciation of the duties of a mother, or from some physical incapacity to fulfil them, it is necessary to disperse the milk? I may say at once that I believe it to be impossible to derive any assistance from homœopathy in dispersing milk. The end of homœopathy is the restoration of impaired function, it directs us how to cure. In the cases we have supposed the function of the organ is in the full swing of healthy activity—there is no disease to be cured. On the contrary we are required to destroy the healthy condition of the gland; we have to deprive it of its natural power. To stay the secretion of milk we must check the supplies of fluid, and the patient must be directed to restrict herself to solid articles of food as nearly as she possibly can. If it is sought to drive away the milk five or six weeks after confinement—a sedlitz powder given twice a day, for a few days, will be of assistance. But if the patient has only recently been delivered, purgatives should not on any account be had recourse to.

If resorted to sufficiently early, and without the breasts having been irritated by applying the child to them, a careful strapping with strips of adhesive plaster, so as to compress them in all directions, save over the tender skin surrounding the nipple, will sometimes suffice to effect the dispersion of milk. If this fail, or no attempt has been made to suppress the secretion, until it has been fully established—a plaster of the extract of *Belladonna* spread upon kid should envelope the breast—with the exception of the nipple and its areola—and the organ be placed in silk handkerchief sling. At the same time the following mixture should be taken.

TAKE,—*Potassii Iodidi* 36 grains, water 24 table-spoonsful.
Two table-spoonsful to be taken every three hours.

The pump should be applied whenever distension is painful, but the relief it is allowed to give, should not proceed to the complete emptying of the gland, no more milk than is sufficient to relieve the immediate sense of fulness, should be withdrawn.

Where the mother is unable to nurse her infant, the mode of feeding it will require to be considered, Wherever it is possible the child should be entrusted to a wet nurse. On no kind of food does an infant thrive so thoroughly as on human milk. Children

who are strong and healthy, with stamina enough to enable them to resist nearly every obstacle, to their healthy development will do admirably upon a mixture of cow's milk, sugar and water. But where the infant is delicate, where to live is a struggle, artificial feeding will not be adequate to save it. Such a child must have the natural food of the young of the human species, and that being woman's milk, a wet nurse must be obtained, or the probability is that the little one will be lost.

It being decided to secure the services of a wet nurse, every care should be devoted to the selection of a suitable person. In making this selection, attention should be paid to those qualifications, which are DESIRABLE and to such as are ESSENTIAL.

1. It is *desirable* that the wet nurse and the mother should be much about the same age, or within three or four years of being so; that the infants should have been born about the same time; this is desirable, because the quality of the milk changes every month, and that which is suitable for a child of three or four months is not adapted to meet the wants of one only a few days or a week old. It is almost desirable that there should be some similarity in build and figure between the mother and the nurse. It has also been ascertained by a series of careful

analyses, that the milk of dark women is richer than that of those who are fair; and the former should, therefore, be selected when any special feebleness renders good nourishment more than usually desirable.

2. It is *essential* that the nurse be a person of sound constitution, exhibiting as evidence of this happy state plumpness and roundness of form, a fresh complexion, a clear skin, freedom from any eruption, a clean tongue, and bright eye; that she should be a woman of a cheerful countenance, equable temper, sober in her habits, and truthful in her statements. The breasts should be fully developed, firm, perfectly clean, the nipples free from cracks and sores. The milk should be in good quantity, bluish white colour, slightly sweet taste, and free from any smell. If any doubt remain as to the quality of the milk, it should be subjected to a microscopic examination. As good a test as any, however, is the condition of the nurse's own child. If this is plump and healthy, and can be proved to have been nourished solely by its mother, there will be little room left for doubting the nutritive properties of her milk.

A wet nurse should be well fed on good, simple, wholesome food; she will probably require some

stimulant, and half a pint of draught porter twice a day will be sufficient. Daily exercise in the open air must be insisted upon, and some light occupation when in the house provided for her.

Whether in the mother or wet nurse, the appearance of the monthly period should be regarded as an indication of the necessity for weaning. The milk under these circumstances becomes deteriorated, and therefore does more harm than good to the child; while the health of the nurse suffers from the double drain upon her constitution.

Any failure in the health of the nurse must be carefully watched. If she become weak and pale and lose her appetite, it will be well to give her two drops of the pure tincture of *China* three times a day. If she appears to recover, after taking this medicine for two or three days, nothing further will be needed; but if no improvement result, a medical man should be consulted, and his attention drawn to the possible necessity of weaning.

Nine months is the ordinary time during which an infant may with advantage to himself and safety to his mother derive his nourishment from her. In most instances, for several weeks before this time has elapsed, he will have had partial supplies from the

now universal "bottle." The separation from the mother should be gradual; any sudden denial of the accustomed food is both painful and injurious. The time selected should be during an interval of rest from teething. If he has had "bottle food" for some few weeks before the weaning process commences, the time occupied in enabling him to depend upon it entirely will not be more than a few days. At first he should only be nursed by his mother during the night, afterwards, just before being placed in his cot for the night, the nurse having some warm milk, prepared for him when he awakes. There are several excellent contrivances sold now for keeping milk which has been boiled, hot for several hours. One of these should be obtained and used during the night.

When weaning, the mother should keep as quiet and free from excitement as it is in her power to do. She should abstain from liquid food as much as she can, and support the breasts with a silk handkerchief slung under them and passed round the neck. If the pressure is very troublesome, a soap plaster spread on wash leather, and having an aperture in the centre for the nipple and areola, may be applied to the breast; this, while giving much comfortable support, will, by the pressure it exerts, tend to check the further secretion of milk.

Often milk continues to flow in a gradually diminishing amount for several weeks after the infant has been weaned. This is a matter of no moment, unless the health is weakened by it. In that case, two drops of *China* should be taken in a wine-glassful of water three times a day.

The necessity for weaning earlier than the ninth month may arise either from the health of the mother becoming exhausted by nursing, from her milk obviously disagreeing with the infant, or from the return of menstruation. She should not hastily desist on account of some feeling of exhaustion, but at once consult her medical attendant. It may be that a plan of treatment can be adopted, which shall enable her to proceed with her duties. The usual symptoms exhibited by exhaustion are weakness, headache, with singing in the ears, nervousness, tendency to faint, sinking at the stomach, with loss of appetite and constipation; all of which, unless arising from some unusual cause, can generally be controlled by taking two grains of the first trituration of *Quinine* in a wine-glassful of water three times a day; taking a cup of milk before rising in the morning, and a couple of glasses of port or three of burgundy during the day.

When an infant appears griped, vomits, or has a

sudden diarrhœa-like motion shortly after every meal he has taken from the breast, it is probable that his disorders are occasioned by the condition of his mother's milk. She should at once carefully examine her dietary, and ascertain whether it contains anything calculated to render her milk unhealthy. Greens, fruit, rich or highly seasoned dishes, will have such an effect. If, after satisfying herself that she has taken nothing that could interfere with the proper secretion of milk, and, after endeavouring by properly selected medicines, or by consulting her doctor, to remedy the condition of the infant, these symptoms continue, she must try what weaning will accomplish.

Nursing during menstruation is, as has already been remarked, injurious to the mother; and as the milk becomes altered when this discharge recurs, the health of the infant is liable to suffer.

There are two painful and distressing conditions of the breast which may be noticed here.

When due attention has not been paid to strengthening the breasts by the application of the stimulating lotion advised at page 90, it occasionally happens, particularly in first pregnancies, that the nipples become sore, cracked, and even ulcerated. Delicate and sensitive as is the structure of the nipple, any

disorder of this kind is proportionally painful, while this pain is increased by the efforts of the infant to obtain its food.

Scrupulous cleanliness will do much to avert the risk of sore nipples occurring. Before applying the infant in such cases, the breast should be washed with warm soap and water, and thoroughly dried with a warm napkin. After his removal, it should be sponged with warm water, dried, and then, with the exception of the nipple, covered with flannel; the nipple being protected by a piece of muslin. In this way the breast is kept thoroughly warm and free from irritation. If, however, in spite of all precautions (or in consequence of the absence of any), soreness, abrasion of the delicate cuticle, or slight ulceration should occur, let a dressing of equal parts of the tincture of *Calendula* and of *Glycerine* be applied, or perhaps a piece of muslin folded three or four times and well-soaked in a good infusion of *Calendula* would be better. Grateful as Glycerine is to some skins, there are not a few where it is intolerable. In these, of course, the infusion should always be used.

Dressing the sore nipples with pure *Sulphurous Acid* (remember not Sulphur*ic*), is said to cure them with great rapidity. I cannot vouch for the fact by personal experience, having always been

fully satisfied with the *Calendula*—but it is a remedy which has much *a priori* evidence to support its use, and in an intractable case, or one that did not yield rapidly to the *Calendula* I should use it at once. The child should not be allowed to suck at the sore nipple, but the breast should be kept clear by the breast pump; the use of which should be preceded and followed by fomentation with hot water.

Abscess of the breast is a more serious matter still. A common cause of this is the irritation set up by the child emptying the breast only to a comparatively small extent; when added to this, we find the mother unusually weak, abscess is still more likely to ensue. The breasts are hard, large, and knotty in some parts, and tender throughout their entire extent. The patient feels sick; has a shivering fit, and the tenderness is more localised. If these symptoms are not checked early, the formation of matter is almost inevitable. In order to relieve the patient as early as possible, as soon as the breast is found hard, swollen, and tender—*foment.* Do it thoroughly with flannels wrung out of really hot water; let a fomentation last for twenty minutes, and then cover the breast with a piece of spongio-piline. The fomentation should be repeated in five or six hours. At the same time give two drops of the 1st dilution of *Aconite*, in a

wine-glassful of water, every hour. Twenty-four hours of this treatment will usually suffice to check any inflammatory action, if it has not proceeded far. Remember, it is fomentation that is required, not *rubbing*. Some nurses—indeed nearly all—insist on rubbing the breast with olive oil. It is a mistake.—The rubbing irritates, and the emollient character of the oil does not compensate for the irritation. Fomentation, on the other hand, is soothing and it is just this that is so thoroughly grateful to the patient, and so likely to stop the progress of disease.

If matter has once formed, it must—at any rate it will—continue to do so until it has obtained an outlet. The destructive action going on in the breast may be limited, if it cannot be checked by taking the following—

TAKE,—*Tinc. Phytolaccæ* (ϕ) 12 drops, water 12 dessert-spoonsful.

Mix and take a dessert-spoonful every three hours.

It is also well to cover the breast with a lotion of *phytolacca*—made by mixing a table-spoonful of the tincture in twelve table-spoonsful of water. Two or three folds of muslin should be soaked in this, laid on the breast, and covered over with oiled silk or gutta-percha-tissue, the breast being supported by a silk handkerchief.

If matter comes towards the surface, the patient should not hesitate to allow her surgeon to open it. The lancet will save her several days and nights of suffering, and will not do the slightest harm. When the discharge is proceeding from the wound that has been made, *Silica* should be taken.

TAKE,—*Powder Silicæ* (3 trit.) gr. ii.
Take this powder dry on the tongue every six hours.

As abscess of the breast is a very exhausting disease, the patient should be encouraged to take plenty of nourishment. Food should be given at intervals of three hours—should consist of the strongest beef-tea, jelly, milk, chicken or chop if it can be taken, and a couple or three glasses of port wine in the course of the day. The wine is very necessary, if it has been found requisite to open the abscess.

This catalogue of troubles may however be always avoided by due attention to the breast during the later weeks of pregnancy, by not allowing them to remain over-distended with milk, and by thorough fomentation on the appearance of the first signs of mischief.

CHAPTER VII.

PHYSIOLOGY OF INFANT LIFE.

A HEALTHY child utters a cry, more or less loud, almost as soon as it is born. The absence of this indication of vitality naturally arouses apprehension. A little movement of the lips, a slight heaving of the chest, a feeble effort at gasping, are, however, quite sufficient to allay all fears, and to assure us that in a few minutes the usual manifestations of life will be heard. When a labour has been protracted, and the pressure upon the child has been severe, or when, as in the case of unusually large children, the pressure has been great though not of long duration, even faint evidence of life may be wanting. However hopeless the attempt at saving a child may appear, except in very extreme and obvious cases, some effort at restoration should be made; and what is done must be done promptly—every minute is of priceless value. Here it is important to remark that the attempts to save the child must not be permitted to interfere with the attention required by the mother. Lives

have been lost ere now by anxiety on behalf of an apparently lifeless infant leading to neglect of its parent. While then the attention of one person is devoted to the care of the mother, others should be appointed to look after the infant.

The apparently dead child is livid in the face, the eyelids are closed, the mouth is shut, and mucus exudes from it. If no pulsation can be detected either in the cord, or over the child's heart, the probability is that the case is hopeless; but, as errors in observations of this kind are but too plentiful, it is right to adopt measures calculated to revive any faint embers of life, even though no evidence can be obtained of their existence.

If there is pulsation in the cord, it should not be divided until it has ceased to beat, but the child is to be placed in a position where, with the mouth wiped clean of all mucus, it has free access to the air. If no pulsation can be felt in the cord, it may, of course, be divided at once; and then the necessary measures for resuscitation can be much more effectively carried out.

A smart smack on the buttocks will often revive an apparently dead child, and make it gasp for breath; this gasping, once set up, affords a pretty safe augury of life being established. If this

proceeding is not successful, no time should be lost in putting in force Dr. Marshall Hall's "postural treatment," while the face of the infant should at the same time be sprinkled with cold water. The principle involved in Dr. Hall's plan consists in compelling the chest to contract and expand gradually in imitation of natural respiration. To put this principle into practice, place the child with its face downwards, and press with the hand on the back of the chest; then remove the pressure, raise the arms, and turn him gradually on his side and a little beyond it. This process should be repeated about twenty times in the course of a minute. At the expiration of a minute water, at the temperature of 100° F., should be splashed on his back, followed immediately by a good dash of water at 60° F., and a return to the attempt to excite respiration. If, after trying this plan for a few minutes, no pulse can be heard beating at the heart, perseverance is useless; but, on the other hand, as long as the faintest pulsation can be detected, these proceedings should be continued; and the care and determination with which they are conducted will in all probability have their reward. Other plans of achieving the same end have been proposed and adopted from time to time, but that of Dr. Hall is unquestionably better than any.

After the revival of the child, it must be well dried with warm napkins, be wrapt in flannel, and held in the lap near the fire for a while.

It is now to be washed in warm water (98 F°) and gently but thoroughly wiped with a soft sponge, being subsequently carefully dried and dusted, in parts where there are any folds of skin, with the finest starch powder.

In washing—especially during the first washing, care must be taken to prevent any dirty water running into the eyes, neither should they be touched with the sponge which has been used to cleanse the body, otherwise irritation and subsequent inflammation may occur in them. A separate sponge should always be used for washing the eyes. After washing, a bandage, some five or six inches in width, should be passed twice round the abdomen. It should be sufficiently firm to afford a degree of support, but not so tight as to compress the bowels, or to interfere with their expansion during the act of breathing:—for, be it remembered, that during infant life, the muscles of the abdomen are as actively engaged in maintaining respiration, as are those of the chest.

These first ablutions having been gone through, the infant will probably sleep. It should therefore be wrapped up in a blanket and allowed the opportunity

of doing so; the process of dressing being deferred until it has rested from that of washing.

In former days it was customary to give an infant a few drops of castor oil as early as possible. This, if not calculated to do a great deal of mischief, is a most needless ceremony; now-a-days it is seldom, and ought never to be practised. The anxiety of a nurse to feed the child on something as soon as it is born still prevails, and "sugar and water" or some other dietetic nostrum is most uselessly thrust into its mouth in a great many instances. There is but very rarely, if at all, the slightest necessity for this attention. The new-born child should be allowed to rest undisturbed by food or physic. After it has slept, if really requiring food, it will by its restlessness and crying indicate its wants. In that case let it be put to the breast at once. If there is milk it will get it, if there is not any, it will, by exciting the nipple, stimulate the secretion, and also induce the womb to contract. If nothing can be derived from the mother a mixture of one third *pure* milk with two thirds water, well warmed and sweetened, may be given to it by a tea-spoon, or from the ordinary infants feeding bottle.

Before passing to the consideration of the management of the infant, a few further particulars regarding

the physiology of infant life, will aid in enforcing the importance of the general directions it will be requisite to give.

The new-born infant is as weak, as helpless, as incapable of resisting any of the causes of disease, as a healthy human being can be. He passes suddenly from a quiescent condition, to one where all is activity; from a uniformily warm temperature, to one that is cold and variable; from a state where nourishment is supplied through the parent, to one where he has to digest and appropriate food for himself; from one where respiration does not occur, to one where it is essential to his existence; from one where sensation is unknown, to one where it is peculiarly acute. The thoroughness and the suddenness of the change, prepare us to anticipate a readiness in the infant to be injuriously affected by cold, by unsuitable food, by strong light, by rough handling, by impure air, and by want of cleanliness. At the same time an infant is born fully equipped to meet all the exigencies of life to which he *ought* to be exposed, and it is only by careless, or ignorant management, by neglect of those conditions under which his health can be retained, that he becomes liable to disease.

It is only partially true that some forms of disease

are hereditary. A disease affecting the mother during pregnancy may, indeed, be communicated to the child before its birth, and it will then be born with such disease. But it is not correct to say that a child is born with scrofula, or insanity, or gout. The offspring of parents who bear the traces of these diseases, or who from their family connections may be supposed to possess them, are often born with a *pre-disposition* to such disease; but that is a very different thing from actually having either. The knowledge of the existence of a pre-disposition of this kind will necessarily modify considerably the management of such children, in order, by avoiding those causes which are calculated to excite disease of the kind to which they may be predisposed, to counteract the predisposition. The child has a clear start in life, and it rests with those who are responsible for his well-being so to direct him as to enable him to steer clear of those rocks and shoals—the causes of disease, or, in other words, all infringements of the laws of Nature, remembering the while that

> "Nature is but a name for an effect,
> "Whose cause is God."

In studying the physiology of infant life, the nervous system demands our first attention by reason of its extremely exalted sensibility. The brain is

large in proportion to the remainder of the body, and during the first two years of life doubles in size; while the delicate and innumerable nerves distributed to the skin, are intensely sensitive. This great sensibility, while rendering the infant liable to suffer from a degree of improper management that would not be felt by a child a few years old, and still less so by an adult, is a source of safety. It is the impression of the cold air upon the skin that gives the first impulse to the lungs to inspire. The passage of a child from its mother to the air has not been inaptly likened in its effect to a sudden plunge into cold water; the bather gasps for breath, just as does the newly born infant. In both instances the cause is the same—the sudden impression of cold upon the skin.

It is this great sensitiveness that excites the warning cry provoked by a chill, or by a discomfort in its clothing. As the causes which give rise to disease during infancy are slight, so too are those which induce its delicate nervous system to indicate their approach.

In the management of infants, then, we must recollect how sensitive, how easily impressionable is their nervous system.

Relatively to the rest of the body, the lungs are

smaller, the heart and liver larger than in later life. The heart though proportionately larger than the adult heart, is weak—especially at birth. During the few following days, communications which existed while the heart derived its supplies of blood from the mother, become obliterated, and therefore the walls of this organ increase in firmness and strength. The pulse is of great rapidity, beating from 120 to 130 times in the minute.

The lungs have no function to perform until birth. The sudden impression of cold air upon the surface of the infant calls them, as has been shown, into vigorous action. They become expanded with air, and the infant's blood now passes through them to become exposed to, and purified by the air they contain. As the circulation of the blood through the heart is rapid, so too must be respiration be likewise rapid. Accordingly we find, that instead of there being from 16 to 20 respirations per minute—as is the case in the adult—the infant breathes from 35 to 40 times per minute. The pulse and respirations are twice as frequent during infancy, as they are in adult life.—They are also more or less irregular during the first two years, and are liable to be greatly increased on any slight excitement; a circumstance attributable to the sensitive condition of the nervous system. The

dilatation of the chest of the very young infant during breathing is comparatively slight, and, in proportion as it is so, is the activity with which the abdominal muscles are seen to move—the respiration is largely "abdominal." As the infant grows and the muscles of the chest develope, this mode of respiration is less marked in health, and remains only as an indication of some disease in the lungs.

The liver during infancy is large, occupying fully one third of the abdomen. In very early life it in some measure supplements the lungs in purifying the blood, and the secretion of bile is copious. Hence the evacuations of an infant are thinner and more frequent than they are afterwards.

The stomach is small, and its shape differs from that which it assumes when more substantial aliment is requisite. The gastric juice secreted is weak and incompetent to the digestion of nitrogenous food. The bowels are small and short; and the movements peculiar to them are much more rapid than they become subsequently. At birth they contain a thick dark coloured fluid, known as meconium which is passed as the first evacuation.

One of the most noteworthy points of physiological difference between the infant and the adult, consists in the much greater difficulty the former has in

maintaining its animal heat, than is the case with the latter. While in the womb it was always surrounded by an equable temperature, and this temperature was provided for it by its mother—now it is, as it were, thrown upon its own resources for the generation of that warmth which is essential to its existence.

The rapidity with which heat is lost during infant life arises, first, from the peculiar ease with which the nervous system is depressed; and secondly from that kind of food which alone can be digested, not being of a character to generate a great amount of heat.

In connection with these facts it must be remembered that a certain degree of heat must be constantly kept up in the body, whether of the infant or the adult; and in the former, a slightly higher temperature is required to sustain an average degree of health than in the latter.

From the preceding remarks we may deduce the following principles to guide us in promoting that rapidity of growth and development which is characteristic of infant life.

1.—The nervous system is especially sensitive.

2.—The circulation and respiration are rapid.

3.—The digestive apparatus is adapted to the reception of only small quantities of food, and to the digestion of such as is of a singularly simple character.

4.—That the powers of generating heat are feeble.

Remembering these facts we pass on to consider the kind of food best adapted to infant life.

During the first few months none other is required than that supplied by the mother. Human milk contains all the elements necessary for sustaining life and promoting growth; and further "it is very interesting to observe that milk contains the three classes of principles which are required for human food—the Albuminous, the Oleaginous and the Saccharine; and it is the only secreted fluid in which all these exist to any considerable amount. It is therefore the food most perfectly adapted for the young animal; and is the only single article supplied by nature, in which such a combination exists."*

These principles occur in the milk of all animals, varying both in amount and form in different species, and also at different periods during the time of suckling. That first secreted is known as *colostrum*,

*Carpenter's Principles of Human Physiology, 7th Ed. p. 921. London :—*Churchill & Sons.*

and contains a much larger proportion of albumen than the milk of any subsequent period. It is supposed to have a somewhat purgative action, and to assist in effecting the evacuation of the meconium. In the course of the first week it changes to true milk.

The importance of estimating aright the characteristics of human milk, is felt when we have to devise a substitute for it if an infant is deprived of its natural aliment. The most readily available is, of course, cow's milk. This, if pure, contains a greater amount of oleaginous and caseous matter than human milk, and less sugar. The two following analyses, by Simon, represent the proportions of the component parts of human and cow's milk:

	Woman.		Cow.
Water	890	—	860
Butter	25	—	38
Casein	35	—	68
Sugar, &c...	48	—	30
Fixed Salts	2	—	6

To avoid the excess of butter and casein, the milk of the cow is diluted with water, while, to compensate for the deficiency of sugar, this substance is added. The late Mr. Turner, of Manchester, proposed the use of sugar of milk as a substitute for the more commonly used cane-sugar. It is less sweet, possibly

less apt to disorder the stomach, and has the advantage of a closer approximation to the sugar natural to milk. The formula he suggested is a very useful one, and one I have largely employed. It is as follows :—"Dissolve one ounce of sugar of milk in three quarters of a pint of boiling water, and mix with it an equal quantity of fresh cow's milk. * * * The water in which the sugar of milk is dissolved should be thoroughly boiled to ensure the complete solution of the sugar of milk, and also to expel the air from it, which might cause flatulence."*

In some instances cows milk, even when diluted, cannot be properly digested, and either vomiting or an apparent diarrhœa results. This arises from the much greater degree of hardness with which the casein of cows milk coagulates in the stomach, than does that of human milk. The latter forms light loose clots, the former thick heavy lumps. This curding may be obviated by substituting lime-water for the pure water, with which the milk is diluted. The effect of the lime is to prevent this coagulation, by neutralising, to a sufficient extent, the acid in the stomach which excites it.

For six months no other food than milk should be given. During this time milk not only presents all

* *British Journal of Homœopathy*, Vol. xv., p. 402.

the nutriment that is required, but all that can be digested. The various kinds of flour and "prepared food for infants" are, many of them at any rate, useful where the child is sufficiently developed to digest them. This he is not for several months. Saliva for example is essential to the digestion of farinaceous food—but no saliva is secreted during the first three months. Hence it follows that where unsuitable food of this kind is given, the child does not thrive—he is in fact insufficiently fed—because fed on food which has no power to nourish him. The undigested starch, if not vomited soon after it has been taken, irritates the intestinal tube and passes off with diarrhœa. We often find in such evacuations small, hard, pale, lumps of cheesy-like matter.

Not only must food be suitable, but it must be given in certain quantities at a time, and at regular intervals; while the vessel used for artificial feeding must be kept scrupulously clean.

A sufficient meal for a recently born infant is from six to eight good sized table-spoonsful. If he take too much, and suck too vigorously, the stomach becomes over distended, and vomiting quickly takes place. It is important also that he should be fed at definite times. During the first two months a meal will be required every two hours, and subsequently

every third hour. But this frequency is quite needless during the night, at any rate after he is two months old; the last meal should then be given at eleven, and he should not be fed again until four or five o'clock in the morning. If he wakes and cries he will soon go to sleep again, provided no attention is paid to him. It is remarkable how early habits, either good or evil can be formed; it is only necessary for a mother to exhibit some little firmness and determination in resisting the crying for a few nights to ensure her infant sleeping from eleven at night until four or five in the morning.

To give a child the breast or the bottle every time he cries is a great mistake, and is frequently the cause of vomiting and diarrhœa. Neither should a child be pressed to take either, when he exhibits a disinclination to be fed. "If the babe rouses himself and seems pleased at the sight of the mother, clenching his hand and flexing his limbs, he is hungry. If he remains passive, he does not require the breast. If he cries peevishly, has a hot skin, and jerks his lower limbs uneasily about, he is troubled with indigestion, and the milk would only increase his discomfort."*

*On the *Wasting Diseases of Children*, by E. Smith, M.D., *p.* 32.—London :—*Walton*, 1868.

Too much importance cannot be attached to keeping the feeding apparatus perfectly clean.

The bottles used for this purpose are of various shapes. That sold by Maw is as good as any. Dr. Smith in the work from which the extract just given is quoted, makes a useful suggestion on choosing a bottle, he says:—"select one the cap of which is not lined with *cork*. The cork lining takes up a certain quantity of the milk, this turns sour and is with great difficulty removed. The better plan is to ensure perfect fitting of the cap by winding a narrow strip of linen round the neck of the feeding bottle. This can be thrown away at the conclusion of the meal; it must on no account be used a second time" *p.* 34. The bottle must be thoroughly cleansed *immediately* after the infant has been fed. If he has been satisfied before the bottle has been emptied, let what remains be thrown away. Before he is ready for another meal, fermentation will have taken place in it, and have rendered it unwholesome. Hence fresh food should be prepared for every meal.

The vital importance of cleanliness—absolute, perfect cleanliness—in all vessels containing food, as well as of always giving freshly prepared food, cannot be too strongly insisted upon. The neglect of this cleanliness is as frequent a source of infantile

disorders as any other. The mother should from time to time inspect the feeding bottle, and ascertain by the sense of smell that it is perfectly sweet.

After the first three months the proportion of water added to the milk, must be diminished to one third. At six months—the capacity to digest having increased—some addition may be made to the milk; and no little careful observation will have to be made in deciding what kind of addition will best agree with the child. It is well to begin with one or two teaspoonsful of cream to each meal. This may be followed by substituting barley water—making an infusion of pearl barley—for the water or lime water with which the milk has been diluted. By the eighth month, two meals a day should consist of milk with which some prepared flour has been boiled, such as, Chapmans,' Drew's, Neave's, or Hard's.—Savory and Moore's preparation of Liebig's food is an excellent form for delicate infants.

It is a good plan to vary the preparation, and after having given one for a time to resort to another. Still more important is it, to give whatever is given *thin.* Thick pasty food does little in the way of promoting nutrition, and is often the cause of illness.

At ten or twelve months a little clear beef-tea or mutton broth, or a lightly boiled egg ought to be given

once in the course of the day; but not until the child is eighteen or twenty months old, should meat or fish be allowed, and then it ought to be very finely minced or well pounded in a mortar.

When the food given agrees with the child, he will exhibit the usual indications of thriving, be plump and cheerful, will sleep well and without any starting; there will be no vomiting of thick lumps of curd; there will be no appearance of undigested food in the motions; the napkins will have no putrid smell about them. The odour of the evacuations is a sure test of the degree to which digestion is going on.

These remarks on the food of infants may be advantageously concluded, by a summary of the chief points to be attended to.

1.—Every effort should be made by a healthy mother to suckle her infant, if only for a few days or a few weeks.

2.—It is far better that the mother should nurse the child partially, supplementing her defective supply by the mixture of cows' milk, water, and sugar, than that she should prematurely wean him.

3.—No food but milk should be given during the first six months of infant life.

4.—Food should be given at regular intervals.

5.—Food should never be pressed upon an infant, or given to him merely to induce him to cease from crying.

6.—Its quantity should be regulated by the growing requirements of the infant.

7.—It should always be freshly prepared.

8.—The vessel in which it is given should always be cleansed immediately after having been used.

9.—When, as time passes on, a change of diet becomes necessary, any indications of indigestion must be carefully watched for.

If suitable food, food that the infant is competent to digest, is essential to health, *cleanliness* is no less so. When it is remembered that the skin is in reality as much an excreting organ as the kidney, that through its pores a no inconsiderable proportion of the waste material of the body passes, the necessity for keeping its surface free and available for the due performance of its function will be recognised at once. And further, we must recollect that perspiration is constantly going on from a healthy skin, that there is (as has been pointed out in the first chapter), not only a perspiration that is sensible to sight and touch, but a perspiration that is insensible to either; though

nonethe less actual, and quite capable of blocking up the pores of the skin. A clear, and, therefore, a clean skin is consequently essential to health.

Every morning and evening the infant should have its bath, at a temperature of 96° F. In the morning soap should be liberally used; in the evening simple sponging is sufficient. The head should be washed with a soft flannel in preference to the sponge. The greater roughness of the material serves to prevent the accumulation of dandriff, which is often troublesome on the heads of children.

The temperature of the water should at first be not lower than 96° or higher than 98°; but as the infant grows the water used may be cooler, care being always taken to notice whether re-action takes place with sufficient rapidity.

Cleanliness does not, however, consist solely in adequate washing. The removal of all wet or soiled napkins, as soon as their condition is detected, is of the greatest importance. As in early life both bladder and bowel are frequently emptied, examination of the napkins should be often made during the day. Never should an infant be put to sleep without having had this portion of his clothing changed.

Care, too, must be taken that the napkins are not only well aired, but somewhat warmed, before they are put on.

In no part of the management of infants and young children is there greater room for reform than in that which relates to their clothing. During the first few weeks of life the whole body is, as it ought to be, carefully shielded from the cold by long robes. This period over, baby is, in the language of the nursery, "shortened." That is to say, the skirt of the frock comes but an inch or two below the knees; the little legs being entirely uncovered and exposed to every source of chill. They undoubtedly look very pretty in this condition, but, at the same time, could baby speak, methinks he would oftentime complain of cold and aching limbs. The transition from the long robe to the brief petticoat is a serious one. Its accomplishment is indeed often enough the forerunner of a cold; and of what is not a cold the forerunner! Croup, bronchitis, diarrhœa, and many another acute illness, each and all are traceable to what is sometimes termed a "simple cold." And these again in their turn too frequently engender a weakness, more or less protracted, in the organ affected by the chill.

The whole body, therefore, of the child should be

carefully protected from atmospheric changes. In infancy, and for some time after this period has passed, if any tendency to diarrhœa exist, a flannel bandage should be worn around the abdomen, extending from over the hips to a little below the nipples. The flannel should be thin and soft, so as to prevent irritation of the tender skin. The dress should be light, warm, and roomy. Nothing approaching a tightly fitting garment ought ever to be worn by children at any age. The little legs should be covered either with long warm stockings, or, better still, by woollen gaiters. The season of the year will regulate the amount of clothing, but during no period should the neck and legs be left uncovered. It is hoped that the fallacy that scanty clothing induces constitutional hardiness has long since been exploded. A lamentable amount of infantile mortality has been justly attributed to the prevalence of this notion.

The bed on which an infant lies should be soft and warm. He should have not only warm clothing over, but under him. A feather bed is needless, but a well-stuffed cotton wool or hair mattress is essential.

The principles which ought always to be borne in mind when regulating infant clothing are, *firstly*, that the capacity to resist cold is small in all infants and young children; and *secondly*, that it is during sleep,

and more particularly during the night sleep, that this capacity is at its weakest.

Carefully, warmly, and cleanly clad an infant, born during warm spring or summer weather, may be taken into the open air within ten days after its birth. The face must be protected from the bright light of the sun by a netted woollen veil, and its first visit to the garden or the street should not extend beyond twenty minutes or half an hour. Much greater caution will be required in exposing an infant to the chilly atmosphere of the winter months. Still more important, however, is it that it be restricted to the house in damp weather. Cold may be guarded against by clothing, but a damp air resists wraps of all sorts.

With ordinary care in avoiding cold and damp the more frequently a child is carried out of doors, the better will it thrive. Not a fine day should be allowed to pass without the nurse carrying it out. In selecting a walk one should be chosen where the roads are protected in some measure from the colder winds. In carrying a child the nurse should on no account allow it to sit up during the first three or four months; and even then this position should only be permitted for a few minutes at a time. The infant should have its head and back at all times carefully

supported by the chest and arm of the nurse. Some people, I believe, fancy that by allowing an infant to sit up its back is strengthened. No error can be greater or more calculated to create a permanent weakness of the spinal column than this.

As the bones of the spine increase in solidity, and the muscles become developed, the necessity for an infant constantly retaining a prone position disappears. Bye and bye, when placed on the floor, he will roll and stretch himself, and finally begin to crawl. Later he will climb up by the legs of a chair and stand, and after a while will, by similar aid, discover his power to walk. One caution here is necessary. While no useful object is gained by discouraging these early efforts at locomotion, there are amply sufficient reasons for not forcing them. A child will walk without any education in the matter when its limbs are sufficiently strong to permit of its doing so without injury. Let the child then teach itself to walk, and on no account endeavour to promote, still less to force, its assumption of the unsupported erect position.

The nursery, being the room in which an infant passes so considerable a portion of its time, should be so situated and so constructed as to provide warmth

and good ventilation. If possible, a thoroughly well-lighted room, having a southern or south-westerly aspect, and well removed from the immediate neighbourhood of trees, should be preferred. Ventilation, not a perpetual series of draughts, is of primary importance. The best test of a well-ventilated room is the entire absence throughout the day of any close, musty, or sickly smell. To ensure an untainted atmosphere, the windows should be widely opened every day. In summer time this is easily managed. In cold weather, opportunities ought to be made for opening them by taking the child into another room for an hour or two twice a day. Further, and even more important is it, that all excretions, all dirty water, or unclean linen, should be removed from the nursery at the earliest possible moment. Nothing so taints the atmosphere of a room, nothing conduces so powerfully to the production of diphtheria, diarrhœa, and febrile attacks as the effluvium from *excreta* or from the housemaid's pail. Perfect cleanliness must exist in the nursery, or the health of its little occupants will inevitably suffer.

Children ought not to sleep in the room to be occupied by them during the day. The same complete ventilation and absolute cleanliness must be provided for in the night-nursery as has been

described as necessary for the day-room. In large families it not unfrequently happens that too many children are put to sleep in one room. This is a very great mistake, a very unwholesome piece of economy. An over-crowded room involves the inspiration of foul air, and foul air is a most fruitful generator of illness. At least 900 cubic feet of air ought to be allowed for every child. No curtains should surround the bed. The sheets and blankets must be removed every morning and well exposed to the air, the windows being open. It is not doubted that the beds look much neater when tidely made up, but the sheets and blankets are much purer and sweeter when thrown across a chair during the day, than when all air is shut out from them.

Both nurseries should be carefully warmed, not over-heated, for too much heat assuredly induces languor and an imperfect power of resistance to any accidental causes of disease. A uniform temperature of about 65° F. is what health requires. In very cold weather the night-nursery should be warmed before the child is taken into bed. In the case of delicate children this is of great importance. I have frequently seen a severe night cough, which has persistently resisted the most approved selections from the *materia medica*, promptly cured by a fire being

lighted in the night-nursery two hours before the child was placed in bed.

Children should always be removed from a nursery while any sweeping or washing of the floor is going on; neither should they return to it until the room is thoroughly dry. Damp exhalation from a half-dried floor is a real source of illness.

During warm weather, when fires are not required, mothers should see that the chimney flue is open, that, that mischievous invention, "the register," is not closed. An open chimney flue is essential to ventilation. When fires are going the grate should be thoroughly guarded by a high wire guard. It prevents accidents, and shields the delicate eye of the infant from the powerful glare of the fire. The room selected for a nursery is generally at the top of the house. On many grounds, this is a desirable arrangement; though caution must be exercised in one or two particulars. The cistern is usually at the top of the house also; and in these days of speculative builders little regard is had to the sanitary arrangements of our houses. For example, the waste-pipe of the cistern in most houses passes into the soil pipe. The consequence of this communication is, that the foul gases generated in that receptacle find a ready access to the upper parts of the house. Some of

them are absorbed by the water, and others diffuse themselves through the upper rooms, loading their atmosphere with the germs of disease. See to it then, all mothers of families, that the waste pipe of the cistern is carried whither it can do no harm, and do not be deluded by the plumber promising "traps" of one kind or other to prevent the passage of foul gases. Further, it is very important that the cistern supplying water to flush the closets should not be that from which the drinking-water of the house is derived. All ingenious contrivances to the contrary, notwithstanding, foul air will find an entrance into a cistern which is ever and anon in direct communication with a water-closet. As a preservative from the risks of drinking impure water, there is none more valuable than a good charcoal filter placed in each cistern. This ought to be a part of the furniture of every house. Were the value of pure water appreciated as it ought to be, and were the dangers attending the use of that which is impure recognised in their true light, the cistern filter would be regarded as a *sine quâ non* of health. And, considering how dependent we are in large towns upon the mercy of water companies, and how necessary to sound health pure water really is, the importance of filtering *all* water cannot be too strongly urged.

During the first few weeks of life an infant sleeps away nearly all the time not occupied in feeding. For three or four weeks after birth, and for a week or two longer in very cold weather, the child should be allowed to sleep by the side of its mother, or the the nurse. The feebleness of the capacity it possesses for maintaining animal heat requires that additional warmth which close contact with another person affords. After a month or five weeks have elapsed, it is quite safe, much more convenient, and, indeed, more healthy for the infant to be placed in a cradle, being well-covered with warm clothing, and lying upon a well-stuffed bed. Great care must be exercised by the mother or nurse sleeping with the infant to prevent its being smothered with the bed clothes or the pillow. Accidents of a fatal character have, not unfrequently, happened from a want of due precaution in admitting a sufficient amount of breathing room to a child in bed with its nurse or mother.

The cradle in which a child is placed ought not to be covered up with curtains, or to be violently rocked in order to induce sleep. Let the room be dark and quiet, and the gentlest motion for a few minutes is all that will be necessary.

As the infant grows it will require less and less

sleep during the day, but every effort should be made to enable it to acquire the habit of sleeping throughout the night. A healthy child will by the time it is eight or nine months old often sleep for eight or ten hours at night without waking to be fed. During the day, the number of sleeps are gradually reduced, at first to three and then to two, and afterwards to a sleep at mid-day—a habit which it is well to keep up until two or three years of life have passed. It is very undesirable to put a child, taking food that requires more digestion than simple milk, to sleep immediately after a full meal. The process of digestion is impeded, the sleep is restless and unrefreshing, and the food does not nourish the child as it ought to do. Artificial means for promoting sleep, such as soothing syrups, cordials, and "sleeping drops," are simply sources of death. They ought never to be permitted an entrance into any nursery; and a nurse once found using anything of the kind, ought to be instantly discharged. The number of infants whose deaths have been due to the use of Godfrey's cordial and similar noxious compounds is incalculable; while many of those who have escaped with their lives from pernicious drugging of this sort, have been stunted in their growth, enfeebled in their constitution, and their general health has been more or less permanently impaired.

If a child is restless and does not take its usual amount of sleep, the cause of this sleeplessness must be sought out and relieved. Usually some irritation in the mouth consequent upon teething, or in the stomach or bowels, resulting from improper food, will be found to be the reason. In the former case a drop of the tincture of *Chamomilla,* in a tea-spoonful of water, given every hour or two, will usually afford relief. In the latter the quality of the milk must be examined, the mode of preparing the food looked into, and the kind of flour mixed with it changed. In some instances it is no easy matter to account satisfactorily for restlessness and sleeplessness in an infant. In such cases there is frequently some little feverish excitement, which half a tea-spoonful of a mixture of two drops of *Aconite* 1 in a wine-glassful of water, given every hour or two will check. If there is no febrile heat accompanying this sleeplessness, half a tea-spoonful of a similar mixture of *Coffea* 3rd dil. will generally be sufficient to quiet the nervous excitement. Owing to the extreme sensibility of the nervous system in early life, it is of great importance to control any such restlessness as that just referred to, when it is first observed. If allowed to pass unnoticed, other and more marked indications of nervous disorder will ensue.

The chief points to be regarded in regulating the sleep of infants and young children then, are—

1.—That it takes place at stated intervals during the day.

2.—That it is as nearly as possible continuous during the night.

3.—That the child is warm, and at the same has ample breathing space.

4.—That the room is dark and quiet, and the cradle or bed so placed as not to be exposed to draughts.

5.—That children, no longer living upon the mothers' milk, should not be put to sleep immediately after a meal.

6.—That the sleep should be natural.

No duty, is it more incumbent upon a mother to fulfil carefully than that of selecting a nursery maid to take charge of her children. That the mother is the person who ought to keep watch and ward over the health, comfort, and training of the child is true, most true. But at the same time it is impossible that a mother's whole time should be spent with her children, or that she should devote herself exclusively to attending to their many wants. In proportion then as she finds it out of her power to be with them

should she be careful as to the person under whose charge she places them. How little forethought is too often exercised in engaging a nurse-maid. Some act in this matter as though any girl would do to fill such an office; and while they will not refuse high wages to secure a good cook, they will entrust their children to a young and necessarily inexperienced girl, rather than pay for a properly instructed servant of high character. No gentleman having good hunters would select a boy just into his "teens" to look after them! And yet many a nurse-maid having the care of an infant, whose life is infinitely more priceless than the lives of the largest and most valuable stud of horses, is no older! A mother should regard her nurse as the most important servant in her household. How much depends upon her! Upon her watchfulness and intelligence rest the health and comfort of the infant, by her manner and her moral character, the child will be sensibly influenced during the most impressionable period of his life; while upon her truthfulness and conscientiousness, the mother must rely for her knowledge of all that transpires in the nursery, during her necessary absence from it. A nurse then should be a person who has had experience in the management of children, experience gained during several years of service as an under-nurse. Further,

she should be clean and neat in her person, good tempered, of a happy and cheerful disposition, patient, active, fond of children, kind, able and willing to amuse them; physically strong; of a well ascertained moral character, honest, truthful and steady. A nurse who thoroughly understands her duties and is prepared to allow no personal inconvenience to stand in the way of her performance of them, and who is able to exert a good moral influence over her charge, is a servant of great value. And with such only should a mother consent to place the care of her little ones.

How much illness, how many accidents, are the result of a careless, thoughtless and inefficient nurse! How much evil has been wrought in the development of character by one who is ill-tempered, hasty, and given to deception in some of its many forms! and therefore it is, that I would impress upon all young mothers the importance of exercising caution in the selection of a nurse, and the imperative duty of watching her management of the children entrusted to her with the utmost care.

CHAPTER VIII.

VACCINATION.

The power of vaccination to prevent or modify an attack of small-pox—one of the most loathsome, disfiguring, and fatal of all diseases—is as thoroughly established a fact as any in the whole range of practical medicine. It is however not without its detractors. A society, with its staff of paid agitators, is in existence, the object of which is to induce people to refuse having their children vaccinated, to persuade them to permit their offspring to live exposed to the first opportunity of contracting small-pox! The promoters of this enterprise vehemently declaim against vaccination as inoperative, as tending to excite consumption, skin diseases, and manifold other disorders, while they endeavour to implant, in the minds of those who listen to them, the absurd delusion that an attack of small-pox leaves those who recover from it healthier than it found them! Not one single fact has hitherto been produced in proof of

either of these assertions. Pamphlets, books and articles in periodicals have appeared in abundance, full of misstatements of fact, of exaggerated reports of the disorders which have occurred after vaccination in some persons, of sensational descriptions of the hardships imposed upon the poor by their being compelled to have their infants vaccinated, but not one jot of the large accumulation of evidence, showing that vaccination is both an efficient and safe protection against small-pox, has ever been refuted by any one of the *Anti-Compulsory Vaccination League* writers. They have brought forward unsupported assertions instead of facts, the most miserable claptrap in lieu of argument.

The single fact that during the whole time that the London small-pox hospital has been in operation, every servant, nurse, or officer has been vaccinated or re-vaccinated before admission to the performance of his or her duties, and that during this period not one of their servants, nurses, or officers has ever contracted this eminently contagious disease, is as strong an argument in favour of the protective power of vaccination as any that can be advanced. Many similar instances of small-pox being held, as it were, at bay by this simple operation might be cited; but, to me, it appears needless to do so here.

Those who desire to have more I would refer to Dr. Ballard's prize essay *On Vaccination: its Value and Alleged Dangers,* published by Longman & Co.

If, then, vaccination does afford protection against small-pox, it is the obvious duty of every parent to have her child submitted to the operation at an early period. Further, the law of this country provides that it shall be so submitted. This piece of legislation it is the practice of the *League* I have referred to, to denounce as tyrannical, and as having been passed to put money into the pockets of the doctors! This law, be it observed, did not find a place in the statute book until the advantages and supposed disadvantages of vaccination had been carefully and thoroughly investigated by several Committees of the House of Commons, and by more than one Royal Commission. On each were members of the House who were known to be opposed to vaccination, and to be still more opposed to any measure having the appearance of what is called "paternal legislation." The importance to the whole community of every child being vaccinated was clearly proved on each occasion. There is, therefore, no tyranny in the measure. It is simply a wise precaution to prevent the spread of a very horrible and very fatal disease.

That vaccination is safe, that it does not inflict

the remotest injury on any child, is undeniable. But, at the same time, it is an operation which must be performed carefully and with certain precautions.

The law enacts that every child shall be vaccinated before it is three months old. The operation can be performed quite safely and efficiently between two and three months, but in delicate or weakly children it is better, when no epidemic of small-pox is raging, to defer it for another month or six weeks. Though, when small-pox is prevalent, the earlier, after the first two or three weeks, that the child is vaccinated the better will it be for it.

It is improper to vaccinate an infant while any eruptive disease is present, or, indeed, if it is in any way ill. It is better to have it vaccinated directly from another child than indirectly either from lymph conveyed in tubes or on points. The latter methods being much more uncertain than the former.

The infant from whom the lymph is taken must be healthy. The pock from which it is derived should be well-formed, and not have become purulent. The lymph should be a little cloudy in appearance; that which is thin and watery is valueless.

It is undesirable to vaccinate at a time when erysipelas is prevalent.

The course which a successful vaccination takes is indicated by the following appearances.

No special alteration is observable in the place where the vaccine lymph has been inserted, until the end of the second or the beginning of the third day. At this time, small pimples will be seen rising above the surface of the skin. These gradually enlarge, and on the sixth day form one distinct bladder-like swelling, containing a bluish-white fluid. On the eighth day this is seen in its highest state of perfection. It is round, well raised above the surrounding skin, and has a small depression in its centre. The colour is now milky-white. The surrounding skin is somewhat swollen and tight, and a little reddish in colour, forming a ring or "areola" around the pock. During the next two days this slight inflammation of the skin extends somewhat, and the pock loses its clear and white appearance, becoming yellowish. The vaccine lymph gradually passing into pus or "matter." After these two days the inflammation in the skin subsides, the pock hardens and forms a scab. In about three weeks from the time of the operation the scab falls off, leaving a circular mark on the skin. This mark is hollow, and covered with small lines or furrows. The size of this depression, and the thoroughness of the indentations, indicate

the completeness with which the operation has been performed.

In vaccinating it must be remembered that the child is submitted to a very slight and entirely harmless illness, in order to avoid its contracting one that is severe and often fatal. Still, vaccination is an illness, and the child must be carefully watched during the course of it. During the day or two before the pock comes to maturity, and for two or three days after, there is often a certain amount of restlessness and some little heat of skin, and the stomach and bowels are in some few cases a little disordered. Occasionally the glands in the arm-pits are a little swollen for a day or two. During summer time, in strong, full-blooded children, a few spots or pimples will sometimes appear in different parts of the body. They are of no moment. In short, all these symptoms—the febrile condition—the glandular swellings and the eruptions, do but indicate that the vaccine has thoroughly affected the whole system of the child, and that it is especially well preserved from the chance of contracting small-pox.

No medicine is required to counteract any of these symptoms. In fact, it is much better to let the cow-pox eruption run its course uninterfered with by medicine of any kind. All the care that is

necessary is, to see that the sleeve is thoroughly roomy, that nothing should occur in the way of rubbing or knocks to injure the pock, and that a little cream or glycerine and water is occasionally smeared over it, the whole being covered by a small piece of lint.

CHAPTER IX.

INFANTILE DISEASES.

WITHIN the limits of this little volume it would be impossible to discourse at length on each and every disease to which infant life is prone. I shall, therefore, restrict myself to pointing out the leading features of those disorders which, from their serious nature, require prompt attention, and such as attract our notice chiefly by the frequency of their occurrence.

While, however, endeavouring to aid a mother (who may be unable to procure strictly professional help as early as it is needed) in her efforts to relieve her children, I would wish to impress one caution upon all, and especially upon young mothers. It is this—do not needlessly waste valuable time in the attempt to treat your sick child yourself. It is in the earliest stage of disease, and particularly in the earliest stage of infantile disease, that a well-educated

medical man can most easily prevent a mild illness passing into one that is severe. Experience is essential to efficiency in the treatment of disease. It is not reading about disease that makes a man a skilful doctor—it is seeing it, seeing it frequently, thinking about it, studying it, watching its course, becoming familiar with its manifestations, understanding its causes, being able to recognise the connection between its various symptoms; and being capable of using every resource calculated to check or modify its progress. No mother has it in her power thus to qualify herself for treating the ailments of her children. Her experience is, in the first place, limited in the extreme; and, secondly, she has not that preliminary knowledge of the structure of the body, of the functions of the organs composing it, and of the many circumstances tending to alter the one or to interfere with the healthy action of the other, necessary to render any experience useful.

Whenever, therefore, a mother finds her infant to be ailing, she should at once send for a medical adviser, in whom she has good reason to believe that she can repose full confidence. Nothing is more painful to a patient than to be attended by a doctor of whose ability to afford the desired relief he or she is doubtful; while nothing is more annoying to a

medical man, nothing more chilling to his exertions, than the impression that his patient's confidence in him is but small. The young mother should, therefore, choose as her medical attendant one on whose professional skill she is assured that she can rely. Having made her selection, she should trust him implicitly, and carry out with scrupulous care every direction he gives when detailing the treatment to be pursued. All medical instructions ought to be committed to writing. Memory cannot always be relied upon, even under the most favourable circumstances, while, when the mind is rendered anxious by illness, it is much less retentive than usual.

Having already pointed out the advantages of homœopathy as a system of prescribing medicines, it is needless to add that a medical man who openly practises homœopathically is a safer adviser than one who does not. If a practitioner of medicine who publicly avows his faith in homœopathy is not within reach, one who is reputed to give very little medicine will do much more good, and certainly much less harm, than one who is known to be lavish of his mixtures and powders. Moreover, not a few of those medical men who prescribe but little medicine are in reality *secretly* practising homœopathy; they have not the moral courage to enable them to bear the brunt

of professional odium which would be aroused by their acknowledgment of what they are well assured is true. Such persons may be, and indeed are, great cowards; but, nevertheless, they are much more successful in their treatment of disease than those who know nothing of homœopathy.

Before proceeding to delineate the features, and to point out the appropriate treatment of those disorders of infancy with which some familiarity on the part of a mother is desirable, it will be useful to direct attention to the chief indications which give warning of an impending illness.

Unusual restlessness is commonly the first intimation an infant gives of its being unwell in some way or other. Its sleep is short, the breathing laboured and loud, it grinds its teeth or gums, wakes with a cry, and is fretful, no alteration of position seems to quiet it, walking about with it will sometimes appear to relieve it for a while, but it is only for a while. The countenance betrays an expression of uneasiness, the features are wrinkled, the face may be hot and flushed, or heavy and listless, the brow being knit, and the eyes staring and vacant, and often the muscles of the face are seen to twitch occasionally. The cry of a sick child is very indicative of illness. Pain produces paroxysms of crying.

In bronchitis and in inflammation of the lungs the cry is, as it were, smothered, and is more like a groan than an ordinary cry. In croup the ringing sound, characteristic of the cough in this disease, attends the cry, which is also hoarse. When the stomach and bowels are disordered, the cry is more or less constant, fretful, and moaning in character. Of all the symptoms of disordered health in infants none occurs earlier or more constantly than vomiting. It is the prelude to almost every acute illness. At the same time, it must be remembered that nothing is more common than for sickness to arise in a child at the breast from its taking the milk too rapidly and in too large a quantity at one time. The stomach becomes over-distended, and vomiting sets in at once. Hence in placing a value upon this symptom as indicating a state of health, care must be taken to ascertain that it has not resulted from over-feeding. Again, it is important to trace to its proper source, vomiting which recurs after almost every meal. If no reason for it exists, either in the state of the gums, the condition of the digestion, the character of the food, or the health of the mother who is nursing the infant, the possibility of its arising from disease of the brain will suggest itself, and other symptoms of brain disorder, such as muscular twitchings, drowsiness, heavy sleep,

with laboured breathing and an anxious expression of countenance, with heat of the head, irregular or sighing respiration, must be looked for. Vomiting also occurs at the commencement of scarlet fever and of measles in very young children.

The breathing of a sick child is generally more or less altered. It may be irregular or moaning, as in brain disease, difficult and noisy in croup, hurried in bronchitis, or panting as in inflammation of the lungs.

If then a child vomits without any obvious cause, if it sleeps uneasily, or is restless when awake, or its expression of countenance becomes altered, its breathing changed, if any of these danger-signals are thrown out, the mother should at once take warning by them and secure efficient aid to ascertain the source of the illness, and prevent its full development.

I now pass on to notice a few of the most common and important illnesses to which infantile life is exposed.

INFLAMMATION OF THE EYES.

Within a few days of birth the eyelids may, in some instances, be noticed to be swollen and rather red, the edges to be adherent—"gummed up"—after sleep, and a little purulent discharge to issue from

the corners. Such a condition almost always arises from some foul matter having obtained access to the eye-lids, through carelessness in the first washing. It is, however, easily cured when promptly attended to, and requires nothing further than frequent washing with a sponge well-soaked in very warm water, and that the infant should be kept in a thoroughly dark room. To counteract any febrile heat, and to assist in diminishing the local inflammation, give a few drops or half a tea-spoonful of a mixture of two drops of *Aconite* 1 in a wine-glassful of water every two or three hours. No lotions or ointments are at all necessary. Hot-water, darkness, and *Aconite* are the remedies.

INFLAMMATION AND RUPTURE OF THE NAVEL.

If the portion of the cord left on the abdomen of the infant after its separation from the mother is carefully dressed by having a small band of linen rag wrapped around it, kept flat upon the surface by a flannel bandage, and not interfered with, it will occasion no inconvenience. The only circumstance that can justify removal of the rag is bleeding. If this happen, and it rarely does so, the rag should be removed, and one or two strong threads be again passed round the navel and tied tightly. If this is

seen to be effectual, the navel should be again bound up, and left until it drops off; this it will do in from five to fifteen days. However long this separation may be delayed, no attempt should be made to hasten it. It is from pulling at the remains of the cord that nearly all cases of rupture occur. After the navel string has separated, there is sometimes a little soreness of the surface left, with some degree of inflammation around it. This may be treated, when slight, by the application of a little *Calendula Cerate* spread on a small piece of linen and covered over the sore twice a day. When, however, the skin around looks red and angry, it will be better to soak a piece of linen in an infusion of *Calendula* (marigold tea), and place it on the sore covered with a piece of oiled silk. This should be changed about once in three hours.

If from the hurry of the nurse to get the navel string off, or from any other cause, such as excessive crying during the first few days, the navel should protrude, great care must be taken to protect it, and to cure the rupture. Once thoroughly established, a navel rupture is rarely cured. Various expedients have been resorted to, to prevent the development of a rupture. All have the same end in view, viz: the pressure inwards of the protruding part. To effect

this, a cork, a small ball of ivory or of any other hard substance, should be pressed upon the part and retained in its position by a strip of plaster—soap plaster is the best to use—about two inches wide, and extending well down each flank. Every effort should, at the same time, be made to prevent the infant from crying. In a few weeks the rupture will be cured; but the navel will still require watching, and any undue protrusion, especially after a violent fit of crying, will necessitate the re-appliance of the pad and plaster.

SWELLING OF THE BREASTS.

In infants of both sexes the breasts occasionally swell within a few days of birth. This swelling will subside in two or three days, provided it is neither touched nor rubbed nor squeezed. If however the nurse or some other person has irritated it in either of these ways, a bread and water poultice should be applied. It will soothe the irritation and leave no room for mischievous interference by the fingers.

TEETHING.

The irritation caused by the teeth breaking through the gums varies in the degree and kind of disorder it sets up. Some children cut their teeth without any alteration in their health being perceptible. In others

restlessness, sleeplessness, diarrhœa and sickness are the consequence of this process. Eruptions on the skin are due to teething in some instances. A simple form of bronchitis attends it in others. Convulsions and serious disturbance of the brain are its consequences in a few. So that this irritation when it occurs may be observed either in the brain, the chest, the abdomen, or on the skin.

Before remarking upon each of these conditions, a brief account of the development of the teeth during infancy is desirable.

The first set of teeth consists of twenty. In each jaw there are four *incisors*—the front teeth; on each side of these is one *canine* tooth; and on each side of the canine teeth are two molars. The whole set does not penetrate the gums until the child is two years and a half old, and sometimes the period occupied is longer. When about five months old the child will be observed to slaver considerably—and this is often regarded as a sure indication that the teeth are shortly coming. The unusual quantity of saliva doubtless arises from the irritation caused by the pressure of the teeth in the gums, but it is not a sign that they will be through at once. On the contrary this slavering commonly goes on for two or three months before the first teeth are seen—and these are usually

the two front incisors of the lower jaw. In a week or two the corresponding teeth of the upper jaw make their appearance. Then there is commonly a rest for a month or five weeks, when the number of incisors in each jaw is completed. Another pause of six weeks or two months is followed by one molar on each side—two double-teeth in each jaw. In three or four months from this time, the canine teeth are cut, and during the next six or eight months the last molar or double teeth. When these are through the child's set of *temporary* teeth is complete. Those known as the *permanent* teeth—of which there are thirty-two in each jaw—do not begin to appear until between the sixth and seventh years.

The process of teething may be gone through without any discomfort in an infant who is particularly strong and healthy. Much more generally however there are both local and reflected disturbances. By "reflected" I mean an irritation, that, taking place in the gums, makes itself felt through the agency of the nervous system in some important organ.

In infants who do not thrive so readily as do such as are strong and vigorous, the chance of irritation being provoked by teething may be much diminished, if not in all cases entirely prevented, by giving them, after the third month has been reached, a pilule of

Calcarea Carbonica of the 6th dilution every second or third day. The advantage of such a prescription may be difficult to prove, but I have seen so many cases treated in this way, where difficult teething might have been expected, and in which no trouble has arisen, that I should be very unwilling to forego the use of *Calcarea* in any of a like nature. When the irritation is purely local, when the gum is hot and swollen, the mouth full of saliva, and the child simply fretful, nothing beyond supplying him with something hard but yielding to bite with his gums, such as india-rubber, is required to relieve him. Rubbing the gums with the finger is very grateful to the teething infant.

If together with this local irritation there are flushed face, undue heat of skin and persistent restlessness and sleeplessness—mix two drops of the 1st dilution of *Aconite* in a wine-glassful of water, and give a teaspoonful every two hours, from six o'clock in the evening to six o'clock in the morning; and during the day a similar dose of a mixture of two drops of the 1st dilution of the tincture of *Belladonna* in a wine-glassful of water every two hours. If the symptoms do not abate after twenty-four hours use of these remedies, and the gums are very hot and swollen, lancing or slight scarification of them will commonly give relief.

When the irritation is manifested in the stomach by vomiting, or in the bowels by a diarrhœa of frequent greenish and watery stools *Chamomilla* is the most efficient medicine. A drop of the undiluted or mother tincture should be given every two hours. If the chest is affected as shown by frequent cough, hurried breathing, and rattling of phlegm in the throat, mix two drops of the 1st dilution of the tincture of *Belladonna* in a wine-glassful of water and give a tea-spoonful every two or three hours. When there appears to be a considerable accumulation of mucus, which is generally swallowed and not unfrequently vomited, *Tartar Emetic* will be preferable to *Belladonna;* of this mix two grains of the 2nd trit. in a wine-glassful of water, and give a tea-spoonful every hour or two. Of all the ills attending teething none is more alarming, none more serious than convulsions. The first fit often comes on without any warning, other than that of general restlessness and feverishness. If these symptoms have been recognised early, and treated promptly with *Aconite* and *Belladonna* the dreaded fits may generally be averted. Washing the head daily with cold water is also useful in preventing them. When a child passes suddenly into a fit, he becomes insensible, squints, twitches the muscles of the face, his arms and legs are rigid, and

every now and again give sudden jerks. Apply cold water to the head at once. Have a bucket of water at hand and change the linen rags—a part of an old pocket-handkerchief is the most useful article to use—soaked in water every few minutes. Immerse the chest, abdomen and lower limbs in a warm bath—the water being 98º F.—and there let the child remain, with a blanket over the bath, for ten or fifteen minutes, unless the fit has subsided before that time has elapsed. It is undesirable to prolong the bath, as all the good it can do will have been procured within fifteen minutes, and to keep a child longer in warm water would tend to depress and weaken him. At the same time mix six drops of the 1st dilution of *Belladonna* in a tea-spoonful of sugar of milk, and every four or five minutes put a little—a pinch—within the mouth. If a medical man is sent for, he will probably lance the gums; and when done thoroughly, nothing is more likely to give prompt relief—and further it does so without the slightest injury to the child. There is I know a strong prejudice against lancing the gum. But when a convulsion is distinctly traceable to a swollen and inflamed gum provoked by teething, the relief which the lancet gives to the tension over the tooth is unmistakeable. Convulsions arise from many other

causes besides teething, and will then require different treatment; so that before the lancet is put into the gum it must be distinctly ascertained that it is the tooth which is exciting the fit.

After the infant is taken out of the bath he should be thoroughly dried with a warm towel, wrapped up in a warm blanket, and kept in a dark room. The cold application to the head should be persevered with until there is reason to believe, from his giving indications, such as noticing those about him, that the brain has become clearer. *Belladonna* should be continued; of a mixture of four drops of the 1st dilution in a wine-glassful of water give a tea-spoonful every hour, or every two hours. If a child in whom a convulsion has occurred, has been allowed to have some kind of flour mixed with his milk, it should be withdrawn at once, and pure milk or milk diluted with water, given to him. The exhaustion after a fit is sometimes considerable, but is generally recovered from pretty well, if the child can sleep soundly, and take a goodly supply of perfectly liquid food.

The irritation on the skin met with as a consequence of teething, commonly appears behind the ears. In other cases there is a rash of pimples, in different parts of the body, known as tooth rash or red-gum. If the infant is otherwise pretty well, no

remedy beyond perfect cleanliness is advisable. If it is very troublesome, and makes the child scratch himself much, let him have a grain of the 2nd trit. of *Mercurius Solubilis* every three hours. A mattery eruption often occurs on the head of teething infants; here too cleanliness is generally sufficient to hold it in check, but if it is not, the same remedy *Mercurius*, given in the same way, is the best that can be employed.

During the time a child is cutting a tooth it is especially needful that his food be such as will digest easily—and none does so more easily than milk. Let him go out of doors as much as possible. Keep the head cool and free from caps; and if he shows any signs of being ill, do not allow him to be exposed to noise, or to too bright a light. With ordinary care in the general management, and with due watchfulness for the first indications of illness, the process of teething may be shorn of far more than half its terrors.

THRUSH.

Thrush is said to exist when the inside of the mouth is more or less covered with small specks of white matter, resembling curds. Underneath each white speck the mucous membrane looks red and

inflamed. It is a mistake to regard this as a purely local disease, to be cured simply by local remedies. It arises from depressed vital power, due to defective nutrition. Hence, thrush is often seen in old people when their powers of life are nearly exhausted. We must, therefore, regard the white specks not as a disease, but as one of the indications of a disordered state of the entire body.

Such being the case, our first enquiry will be into the cause of this depression. In by far the majority of juvenile cases of thrush the patients are infants who are being brought up by hand. They are dependent on pure milk, *i.e.*, on the honesty of a dairyman; on the perfect cleanliness of the bottles and artificial teats from which they are fed, *i.e.*, on the carefulness of the nurse who prepares the food. If the milk is not fresh, or is adulterated in some way, if the bottles are not properly cleaned, but are used with a taint of sourness in them; or if the teat has not been perfectly cleansed, nutrition is interfered with, and thrush, with its usual attendant diarrhœa, will result. Such being the case, the first duty of a mother is to ascertain that the milk is both pure and fresh, and that her nurse is thoroughly and scrupulously clean in her manner of keeping the bottles; that each bottle—with the pipe and teat—is put into

cold water directly it is done with, and that no unconsumed food is preserved for another meal. The bottle, after remaining for some time soaking in the water, must be thoroughly cleansed and dried before it is again brought into use. If thrush occurs in a child with whose food flour has been mixed, this must be immediately abandoned, and nothing allowed except pure, fresh cow's milk, either diluted with water or not, according to the age of the child. When the adoption of this perfectly simple diet does not influence the extension of the thrush, a wet nurse should be procured without delay. Further, nothing seems to revive the drooping of a child with thrush more rapidly than change of air. If, therefore, an infant continues to fall off after these devices for improving the state of his general health, for giving him sound food, and promoting his power of appropriating it, have been duly tested, he ought to be taken from home without delay.

Medicine will do somewhat to assist the system in recovering its tone, and in checking the diarrhœa, but without good clean food of the right kind and pure air, it will be of no service. The best medicine to give is the old-fashioned one of *Borax*.

TAKE,—*Powder of Borax* (1st trit.) grs : ii.
Place this powder on the tongue every four hours.

The mouth ought also to be gently sponged with cold water before and after every meal, and twice a day its internal surface should be sponged with a solution of *Borax*. This solution may contain 30 grs. of *Borax* to each ounce of distilled water.

INDIGESTION.

In infants, a disordered condition of the stomach, rendering it incapable of digesting food, is signalised by vomiting, flatulence, and griping. Unlike the vomiting which attends disease of the brain, when the food is rejected almost as soon as it is taken, and unlike that which ushers in inflammation of the lungs or of some other organ, or scarlet fever and measles, where a feverish state of the skin is also present, the vomiting of indigestion occurs without fever, and does not come on until some little while after feeding. Before he vomits, the infant is restless, cries, is apparently in pain, and presently the food he has recently swallowed is returned curdled and smelling sour. The bowels are often distended with wind, and the child is, as nurses term it, "griped." He cries, or indeed screams, doubles up his legs, and strains. In most cases of indigestion, especially where the vomiting is free, the bowels are confined; the stools are hard and costive, consisting of small

lumps of whitish, putty-like matter. In others there is a loose stool, green and slimy.

All cases of infantile indigestion may be traced to the food on which the patient has been fed. When a child is nursed by the mother or a wet nurse, its origin will be found in them. The milk has become disordered, either by some strong excitement, such as a fright or a passion, or food has been taken which has disagreed. Oftentimes, the milk is disordered by the porter or beer which is being drunk to sustain the nurse, sometimes by certain kinds of fruit or vegetables, by vinegar or condiments, by highly flavoured dishes, or other palatable, but innutritious articles of diet in which the mother is indulging, In an infant brought up by hand the source of mischief is the milk or the flour that has been mixed with it. It is, therefore, essential to a cure, that the cause of the disorder should be sought out, and removed. By a mother whose love for her child will induce her to forego the pleasures of the table, the matter is easily settled. With the wet nurse, too, there ought to be no difficulty in a dietetic restraint being imposed. But in the case of the delicate infant, who is indebted to artificial sources for his supplies of food, the mode of management necessary to secure healthy digestion is often no simple matter. If vomiting and griping

occur early after birth in an infant who has been fed with cow's milk from the first, there is but one remedy—a wet nurse. In such children, no form of artificial food that can be devised will be digested. Delay in obtaining a foster-mother is in them dangerous indeed. The infant wastes with a rapidity that is astonishing, the fontanelles are seen to be depressed, the cry is faint and feeble, and there is great restlessness withal. If exhaustion, for that is the consequence of indigestion here, has gone on to such an extent, one drop of brandy in a little water may be given every hour or two. If, after the wet nurse has been procured, vomiting still continues, three or four drops of Bullock's pepsine wine may be given directly after feeding. I am not at all sure, however, whether it is the pepsine, or the wine which holds it in solution, that does the good; but from some recently published experiments on the digestive powers of pepsine, I am disposed to think that the wine is the really valuable part of the dose. After the child has become accustomed to the wet nurse's milk, it will begin to thrive, and then the pepsine wine may be dispensed with.

As a medicine, none is better in simple vomiting than *Ipecacuanha*, of which give a drop of the 2nd dilution in half a tea-spoonful of water every two or

three hours. In diarrhœa, with indigestion and flatulence, give two drops of the mother tincture of *Chamomilla* in a tea-spoonful of water every two hours. If there be costiveness, with a white putty-like stool, two grains of the second trituration of *Mercurius Solubilis* every three hours will be more useful.

Let the child be kept warmly clothed, and, if the weather be at all cold, let him be confined to the house, though not necessarily to the nursery. On the other hand, if the illness occurs during warm summer weather, it will do him good to be taken out.

CONSTIPATION

Is a symptom of disease, rather than a disease itself. Consequently, in order to remedy it effectually, the circumstances which occasion a sluggish, or difficult, or ineffectual movement of the bowels must be discovered. When unconnected with any obvious disorder, a change of food will often remove it. An infant whose sole sustenance is derived from its mother, and whose bowels are confined, will be influenced by the food taken by her. If fruit is in season, the mother should take with freedom such as is fully ripe, or one or two roasted apples in the course of the day. An infant who is old enough to

have farinaceous food with its milk should have the *kind* of food varied. The best to promote a healthy action of the bowels are Chapman's corn-flour or Robinson's groats. When the stools are hard and white, like lumps of putty, *Mercurius Solubilis*, given in the way described in the preceding paragraph, is the best medicine. In these cases the absence of a due secretion of bile is the cause, and this is better corrected by small doses of mercury than by any other remedy.

In cases where the motions passed are large and infrequent, and where the movement of the bowels excites a good deal of crying and kicking suggestive of pain, give a drop of the 1st dilution of *Byronia* every three hours; *Nux Vomica* is called for where the evacuations are small, and more especially where there is loss of appetite in connection with the imperfect action of the bowels, a drop of the 2nd dilution given in a teaspoonful of water every four hours will be a sufficient dose.

Where constipation is characterised by the stools being simply delayed, the bowels perhaps not being moved for a couple of days, the child being at the same time drowsy and heavy when awake, and when he sleeps, doing so too profoundly and too long, *Opium* is the right medicine. A drop of the 2nd dilution should

be given in a tea-spoonful of water every three hours.

There is a form of indigestion with which sometimes constipation, and sometimes diarrhœa is associated and in which *Belladonna* is the most effective medicine. It is rarely met with in infants, but is occasionally so when very indigestible food has been taken for any length of time. The tongue is reddened by the points of its papillæ peering through a very thin coat of fur, the region of the stomach is tender on pressure and especially so after food. In infants, this kind of dyspepsia occasions a good deal of crying after a meal. In such cases a drop of the 1st dilution of *Belladonna* is given every three hours with very good results.

With suitable food, frequently taking the infant out of doors, and a medicine chosen according to the symptoms associated with constipation—this disorder is generally easily cured. If however it resists the action of medicines, if, after a fair trial of medicine there is still difficulty in obtaining a stool, while the child is obviously suffering discomfort from the want of it, the soap suppository should be resorted to. A soap suppository is simply a piece of yellow soap cut into the shape of a lead pencil, and about two inches in length. This should be well oiled and about three quarters of it passed up the bowel. In a very

few minutes the evacuation in the intestine may be expected. Enemata are not good for infants, and together with medicines directly purgative, such as castor oil, senna, magnesia and rhubarb are best avoided.

One objection frequently made to homœopathic practice by persons whose knowledge of disease is limited is, that medical men who practice homœopathy never give aperient medicine. The reason for not doing so is very simple. Constipation is the result of an unhealthy condition of the secretion of the liver, or of the mucous membrane, or the glands of the bowels, or of a sluggish or irregular action in the muscular coat of the intestine. The action of a purgative drug is simply to irritate the bowel so as to increase for a time the quantity of secretion and the frequency of its evacuation.

This irritation and stimulation over, re-action follows and now there is less secretion, less action and consequently more constipation than ever—purging does not cure constipation, it simply induces diarrhœa, and this leaves the patient worse than it found him. In this way a habit of constipation, and a constant necessity for purgatives is acquired. The homœopathic practitioner, therefore, does not purge. He selects a medicine which he knows, by experiments

made with it on healthy persons, will directly affect the secretion or the muscular or nervous structure, the fault in which it is that excites constipation; correction of which will restore the normal condition of the intestine. The result is not purging, but a healthy action of the bowel. It is only then when a homœopathically acting medicine cannot be found, when mechanical measures such as suppositories and enemata fail, or for some cause or other cannot be used, and when there is at the same time an imperious necessity for having the bowel emptied, that the homœopathic practitioner resorts to such an expedient as a dose of castor oil on some of the compound liquorice powder.

DIARRHŒA.

During infancy the bowels are much more frequently moved, and the evacuations are much thinner than they become subsequently; hence it is in no way surprising that, with a natural tendency to what in an older child, would amount to diarrhœa, the bowels should be easily influenced by circumstances giving rise to this complaint. A healthy infant has four or five motions daily; they are dark yellow in colour, and about the same consistence as porridge. There is but little smell from them when health is

perfect, and a strong putrid odour is very characteristic of a form of indigestion arising from the administration of food, which the stomach is unable to reduce to a condition necessary for its assimilation.

The danger of an attack of diarrhœa is gauged by the number of the stools, the quantity and quality of the evacuations, their smell, and the influence they have upon the general health of the infant. Slight causes will, as has been remarked, interfere with the regularity of the bowels. With teething there is often some increase of looseness. This however is a matter of little moment unless it becomes at once excessive and exhausting. In most, if not in all cases, diarrhœa, like indigestion, arises either from some improper food having been taken by the nurse or given to the child; from insufficient clothing during damp weather; from the excessive heat of summer and autumn; and from putrid smells arising from nursery mismanagement, or from the foul gases of drains and closets gaining access to the atmosphere in which the infant lives.

An attack of simple diarrhœa usually commences with vomiting of the food, and of some greenish looking fluid as well. The child is fretful, restless, looks pale and loses flesh with great rapidity. The stools increase in number, are at first thinner than

usual of a bright yellow colour, and then become green and thin, and very putrid. If there is a tooth nearly through, there will at the same time be some degree of feverishness. The slighter forms of this diarrhœa, where the food is the evident cause of disturbance, can nearly always be checked by a drop of the 1st dilution of *Nux Vomica*; those which are severe and not altogether dependant on improper food, by two grain doses of *Mercurius Solubilis* given every three hours; at the same time the food mixed with the milk, if the child is being brought up by hand, must be changed. Finely ground rice, or arrowroot, boiled with the milk and made very thin, will be a good kind of food. If the stomach is very irritable, in one who is being nursed, a few hours abstinence will be useful; his thirst being allayed with a little barley or toast water. The nurse, at the same time, must carefully examine her dietary and restrict herself to the plainest and most easily digestible of foods.

Infantile diarrhœa, especially that which occurs during the summer and autumn, or is provoked by foul smells, is rarely so simple a matter as that, the chief features of which have just been described. In some cases the evacuations increase in frequency at a most appalling rate, and tell severely upon the strength of the little patient. The evacuations are

thin and watery, of a faintish green or dirty brown colour, they take place sometimes every hour, and occasionally oftener. A plump healthy child may from this cause be so reduced in twenty-four hours as to be scarcely recognisable. He becomes pale, haggard-looking and thin; his pulse is unusually quick and small, and his disinclination for food strongly marked. Not unfrequently these cases pass from diarrhœa into dysentery, when the stools are streaked with blood and there is a more or less constant urging to stool, followed in some instances, by a falling of the bowel. At the commencement of diarrhœa of this type, the food should be limited to milk and water, rice-milk, or barley-water. The infant must be carefully nursed in a pure atmosphere, and all soiled napkins be removed from the room the instant they are taken from the child. His buttocks should be sponged with warm water, dried with a soft warm towel and well dusted. Unless the most scrupulous cleanliness is observed, the skin will inflame and crack. This is particularly to be guarded against, in parts where the skin is loose and in folds. Constant watching will be needed to observe any symptoms of excessive exhaustion, such as coldness of the extremities, perspiration, drowsiness, startings, and similar indications of the nervous system giving way

rapidly. Should such symptoms occur, a few drops of brandy will be required every half-hour. The juice of raw beef must then be substituted for the milk. The best formula for preparing it—one I have relied on with great advantage in exhausting diseases, both among children and adults for twenty years—is that of Liebig's. It is as follows :—

To half a pound of recently killed, and finely chopped, lean beef, add one pint of cold water, a small tea-spoonful of salt, and ten or twelve drops of the *Dilute Muriatic Acid* of the British Pharmacopeia. Let the ingredients be well mixed in a *glass or earthenware* vessel, and allowed to remain in a cold place for one hour, then strain them through a fine hair sieve or a piece of calico, returning the liquor into the strainer until it comes off quite clear ; pour a little cold water, *very slowly*, on the beef in the strainer, until about three-fourth's of a pint of a clear infusion, of a red colour and soup-like taste, has been obtained. No heat is to be used in the preparation, and the infusion is to be given cold.

Finely minced meat soaked in water for a couple of hours, and then strained through muslin with some degree of pressure, answers equally well, and has the advantage of not being acidulated. Half a pound of meat may be thus used with half a pint of water.

Children will often take this readily when they can be induced to swallow no other kind of food. Raw meat, finely minced, is another very useful mode of feeding in extreme exhaustion from infantile diarrhœa. The meat must be perfectly fresh, free from fat, and from a thoroughly healthy animal. Of finely minced meat, from one to two tea-spoonsful may be given in the course of the day to a child a year old or under. The evacuations are at first rendered extremely offensive, and for twenty-four hours very little of the meat is digested; but subsequently the odour from the stools and their freedom from meat-fibre assure us that it is appropriated. For this reason, as well as from the possibility of raw meat containing the germ of the future tapeworm, I much prefer the formula of Liebig or the simple beef juice.

In acute diarrhœa and dysentery, a well-chosen medicine is of the highest value. Without proper nursing and suitable diet it will not be so advantageous as it otherwise would be, but diet and nursing alone are, in all severe cases, quite inadequate to ensure recovery. Here especially does the knowledge of the action of drugs upon healthy people, and of the homœopathic law to guide us in choosing from amongst them, prove of the greatest service.

There are many medicines, all of which are more

or less indicated as remedies by the general symptoms of diarrhœa—by those, I mean, which are present in almost all cases—our choice is, therefore, directed to such of them as correspond to the peculiar symptoms in each individual case. When there is incessant vomiting, griping, and considerable watery purging, give a drop of the 2nd dilution of *Cuprum Aceticum* every two hours. In cases where the evacuation is watery, and issues suddenly and in a gush from the bowel, a drop of the 3rd dilution of *Croton* is to be given in a tea-spoonful of water every hour.

When the stools are thin, greenish, and of an exceedingly sour smell, and attended with griping, give a drop of the 1st dilution of *Rheum* in a tea-spoonful of water every hour.

If the stools are watery, very frequent, and attended with some exhaustion, give a drop of the 2nd dilution of *Veratrum Album* every two hours.

Where the child has become much emaciated, has a pale, earthy complexion, a pinched exhausted expression of face with cold perspiration, and frequent watery evacuations, give a grain of the 2nd trit. of *Arsenic* every two hours.

When the stools have become bloody, or streaked with blood, give a drop of the 1st dilution of

Ipecacuanha in a tea-spoonful of water, unless there is at the same time much straining and apparently pain in the bowels when one drop doses of the 2nd dilution of *Mercurius Corrosivus* every two hours will be more suitable.

If in addition to frequent thin stools with streaks of blood, the bowel comes down, give a grain of the third dec. trit. of *Podophyllum* every two hours. Whenever the bowel comes down it must be carefully returned at once. Let the part be gently washed with a soft sponge and warm water, and grasping it with the tips of two fingers, press steadily upwards until it slips in. This is easily accomplished by a due admixture of firmness and gentleness.

Falling of the bowel arises not only in consequence of the spasm in the bowel, which occurs in diarrhœa, but also from the straining which sometimes takes place in constipation. In these cases, however, *Ignatia* is a more suitable medicine. A drop of the 1st dilution should be given every three or four hours.

Diarrhœa may become chronic. By the term chronic is understood a disorder lasting for a considerable time, depending not upon some suddenly set up, and intense disturbance of the organisation, but upon a condition sometimes arising out of an acute attack, and, at others, upon one only slightly

marked at first, but gradually and surely invading the tissues of an organ. So here, a weakly child, has thinner more frequent evacuations, it is occasionally sick, vomiting its food, it grows, but not rapidly. Its bones are not well covered with muscle. The skin is white and waxy looking, the eyes are bright, the tongue is often too brilliant a red especially at the tip. The abdomen is full, but not so much so as to attract attention. A child in this condition is rarely thought by its mother to be sufficiently out of health to demand medical care. No especial precautions are taken in nursing or feeding it. It is to all intents and purposes treated just as a plump, healthy, vigorous child would be. The consequence is that the stools periodically become more frequent, thinner, and more offensive in smell. The emaciation is now noticeable, and the abdominal enlargement is unmistakeable. Chronic diarrhœa is said to exist—and truly it does so. But the diarrhœa is only a part of the general unhealthy condition; one which consists essentially in a want of power on the part of the child to appropriate to its nourishment the food on which it has to live. This want of power may arise from weakness of the mucous membrane of the stomach, or of the bowels. It may also, and in a few cases does, depend upon enlargement of the

glands of the bowels. But on the other hand every case of abdominal swelling in an infant, is far from being one of mesenteric disease *i.e.*, of tubercular enlargement of the glands of the bowels. On the contrary, glandular enlargement is rarely met with in children under three years of age. Where these enlarged glands do exist, they can be felt by careful pressure around the navel. In the feebly nourished and dyspeptic infant, the abdominal enlargement is nearly always due to flatulence. In cases where chronic diarrhœa follows an acute attack, it frequently arises from ulceration of the glands of the mucous membrane. In these cases blood is commonly mixed with the stools.

In all cases of so-called chronic diarrhœa, the mode of feeding is an all important matter. It must be remembered, that the power of digestion is weak. This may be artificially remedied or rather palliated by giving from six to eighteen drops of pepsine wine after each meal. The kind of food is all important. There is none equal to pure fresh milk if the child will take it—but then it must be both pure and fresh. Often however the natural taste is perverted, and milk cannot be taken, or at least not in sufficient quantity to afford adequate support. If such is the case, give the Liebig raw meat soup—the formula for

which has been given at p. 207, or the simple meat juice, or the minced raw meat, or Liebig's extract. Let milk and meat juice be alternated. Do not attempt to stuff the child with food that it cannot digest—but let every addition be carefully and cautiously made. In weaned children eggs may be advantageously mixed with the food.

Every night the skin of the whole body should be rubbed over with sweet oil, or with lard which has been well purified by boiling. In the morning a good washing will remove what has not been absorbed, and then a wet compress should be placed over the abdomen. A small cambric pocket-handkerchief, soaked in tepid water and well wrung, is placed next the skin—over this and somewhat larger than it, a piece of oiled silk, and over all a flannel bandage.

Another item in the treatment is change of air. During the spring months to Malvern, or some dry and bracing inland place. At any other part of the year to Margate, Ramsgate, Broadstairs, Lowestoff, Scarboro' or Whitby.

The medicine in all cases of this kind is *Calcarea Carbonica*. There is none equal to it, except perhaps in such as result from ulceration of the glands in the mucous membrane of the bowel, and then *Sulphur* is preferable.

Of one or other of these medicines give a pilule of the 6th dilution three times a day.

JAUNDICE.

A day or two after birth, the skin of an infant is very generally of a yellowish tinge. Such a condition can hardly be regarded as indicating disease of the liver, but rather as the result of an as yet imperfect development of the function of that organ. It is probably due to the sudden change from the uniform temperature of the womb, to the colder and more variable atmosphere of the nursery; and also to a lack of sufficient respiratory power. It is however a matter of no consequence, unless there is, as very rarely happens, any malformation of the liver or of the lungs. It passes off in the course of a few days, and requires no treatment beyond attention to the temperature of the room, the provision of sufficient clothing, and of adequate warmth during sleep.

CATARRH.

In very young infants the mucous membrane lining the nostrils is extremely sensitive to cold air, and, consequently, is soon irritated and congested. As a result, we find sneezing, some difficulty in breathing,

together with snuffling,—hence this kind of cold is frequently called "the snuffles"—suckling is also impeded, and the infant is fretful and restless. The room should be kept at an uniform temperature, and every effort be made to avoid draughts. A few drops of a mixture of two drops of *Aconite* of the 1st dilution in a wine-glassful of water, given every hour or two, will materially expedite the recovery. The use of cold cream just inside and on the edges of the nostrils affords much relief. If the snuffling persists after *Aconite* has been given for twenty-four hours, grain doses of *Mercurius Solubilis* of the 2nd trituration must be resorted to every three hours.

In infants of two or three months old a "cold in the head" becomes a more important matter. It does so, because there is now a much greater danger than previously that the irritation in the mucous membrane of the nostrils may extend down to the throat, along the wind-pipe, and into the lungs, and terminate either in bronchitis or in inflammation of the lungs. It is indicated by sneezing, coughing, heat of skin, restlessness, and sleeplessness. Careful nursing and frequent doses of *Aconite*, of which four drops of the tincture of the 1st dilution should be mixed in a wine-glassful of water, and about half a tea-spoonful given every hour, will generally be

sufficient to cure it, and to prevent its passing into either of the more formidable inflammations of the structure of the lungs.

BRONCHITIS.

Always a serious disease in children, its gravity is in direct proportion to the youth of the patient and the season of the year at which it occurs. It is known to exist by the feverish condition of the child, by its incessant cough, at first hard and dry, with wheezing, and, subsequently, loose, and with rattling of mucus in the chest; by the extremely rapid breathing, seen not only in the movements of the chest, but in those of the abdomen; its restlessness, hoarse crying, great difficulty in suckling, in which it is frequently interrupted by coughing, loss of appetite, and sleeplessness. Here a uniform temperature in the room is a matter of the greatest importance. The air should not only be warm, but moist. All washings and dressings should be effected with the greatest care, to prevent the chance of a chill, the nursery-door being locked while either is proceeding.

If recognised early, quarter or half-drop doses of *Aconite* 1, given every hour or two, will generally break up such an attack. The hard cough will pass into one where there is only slight rattling and but a

comparatively faint increase in the rapidity of breathing. When the wheezing changes to rattling, give a dose of *Aconite* every three hours, and half a drop of the 2nd dilution of the tincture of *Phosphorus* an hour and a half after each dose of *Aconite*.

When, however, the rattling of mucus is extreme, when the child is much exhausted, when the breathing is very short, hurried, and panting, and when there is some faint tinge of blueness about the lips, *Aconite* and *Phosphorus* are no longer useful. *Tartar Emetic* is then the remedy; and a very valuable remedy it is in such cases.

Mix, then, four grains of the 2nd trituration of *Tartar Emetic* in a wine-glassful of water, and give half a tea-spoonful every hour and a half to an infant over a few weeks old, and a full tea-spoonful to one over six months.

A linseed-meal poultice over and around the chest is also useful; but mustard plasters and blistering fluids are as unnecessary as they are injurious.

CROUP.

This is essentially a disease of early life, seldom occurring after a child is five years of age. It is especially prevalent in cold, damp, low-lying places,

in the neighbourhood of rivers, lakes and marshes, and is more frequent when east and north-east winds are blowing. There are two forms of the disease: the true, when a tough membrane forms on the inside of the wind-pipe; and the false, where the peculiar crow, cry and cough arise from simple spasm of the muscles of wind-pipe.

True croup commences with the usual symptoms of a cold in the head, which have been already described. It is the fact that an ordinary cold is so often the forerunner of croup, bronchitis and inflammation of the lungs, that renders it necessary that a cold should always be regarded as something not to be trifled with, and should be treated with all promptitude and care. Supposing then that a cold in the head has persisted during twenty-four hours, the cough being hoarse, the eyes watery, and that every now and again the child is observed to lay hold of the wind-pipe as though something was there that irritated it, and to have some difficulty in swallowing; it will probably wake suddenly in the early part of the night, and cough with a peculiar ringing sound, accompanied by a long crowing breath. This peculiar cough and crow are characteristic of croup. It is impossible to describe them in words, but once heard they will never be forgotten. At the

same time the breathing is rapid, and the child restless, tossing about from side to side, throwing its head backwards as if to get air. The cough increases in frequency during the night, coming on in paroxysms. Towards morning the symptoms commonly abate for a time, and the child may get some sleep. But in croup that does not yield to remedies, this intermission is short, the paroxysms of cough return, the face gets flushed, the child grasps the wind-pipe more than ever, and finally suffocation sets in and death speedily closes the scene.

Such is the course of an attack of croup that has been neglected, or been too severe to be influenced by medicine. But if promptly treated, recovery generally takes place. Only it must be remembered that no time can be lost; everything here depends upon immediate action being taken to relieve the little sufferer, and that the means used to relieve should be rightly chosen.

Let, then, the nursery be warm, 65° to 70° Fahr. being sufficiently so. Put a kettle on the fire having a long spout, so that the steam may be well diffused around the child. A newspaper rolled up and fastened to the spout of the kettle will do; but the bronchitis kettle, sold by Messrs. Smith & Co., of Blackheath, is better.

Take the child, wrapped in a warm blanket to a seat near the fire. Place the bronchitis kettle, well filled with water, upon the fire, with the rose directed towards the child. And at the same time apply a

BRONCHITIS KETTLE.

sponge soaked in hot water over the wind-pipe for twenty minutes or half an hour. There is no necessity for the warm bath being resorted to. Then mix twelve drops of the 1st decimal dilution of *Aconite* in a wine-glassful of water, and give one tea-spoonful every half hour, or if the child is very ill, very feverish, very hoarse, and the paroxysms of cough very frequent and severe, give one every quarter of an hour.

In two hours, if the cough is still severe, mix twelve drops of the 1st decimal dilution of the tincture of *Iodine* in a wine-glassful of water, and give a tea-spoonful every half hour.

Usually, with these two remedies an ordinary case of croup can be successfully treated. Small pieces of stringy matter will be coughed up, and should be removed. The appearance of these strings is an indication of the happiest omen, for with their removal the danger of suffocation passes away. The cough is noticed to be looser, and the hoarseness less harsh. When these two signs of improvement have become fully pronounced, the time for giving *Iodine* has ceased, and *Hepar Sulphuris* is required. Give of this two grains of the 2nd trituration every hour for two or three doses, and then every two or three hours.

At the same time, adequate feeding must not be neglected. There is little or no appetite, but what there is must be made the most of. Milk and strong beef-tea or veal broth should be given at frequent intervals.

Considerable caution must be exercised after apparent recovery from an attack of croup, to prevent its recurrence. It is especially apt to return. The internal surface of the wind-pipe, which has been

inflamed, is rendered weak and very susceptible to the influence of cold and damp. Therefore, a child who has had croup should be warmly clothed around the neck and chest, should be carefully protected from exposure to draughts indoors, and to East and North-east winds in the open air. The first day on which such a child is taken out should be warm and sunny. A second attack of croup is, as a rule, less severe than a primary one.

The false or spasmodic croup which attacks infants is also known as infantile laryngismus or child's crowing in which the hoarse cry and crowing, breathing characteristic of inflammatory croup are present. In this disorder there is no febrile disturbance at all. The attacks of hoarseness, cough, crowing respiration and difficulty of breathing commonly occur at night, and are attended with imminent danger of suffocation. A paroxysm commences suddenly with the crowing respiration, and the face of the child soon becomes livid in colour. Severe struggling for breath ensues; on its recovering the child appears perfectly well. There is no inflammatory action in the wind-pipe, but an irritation of the nerves supplying the wind-pipe and the lungs produced by, and sympathetic to some irritation set up in another part of the body, and one which can

generally be correctly attributed to teething, or worms, or constipation. The treatment to be pursued in these cases is of a double order, viz., that required at the time of an attack, when death may arise from suffocation; and such as will prevent a recurrence of similar fits. Nothing is better in the former condition than to sponge the spine with very hot water and then dash cold water over it. The hot bath followed by cold affusion is an equally good, though perhaps a more severe kind of remedy. While attending rigidly to the alternate use of hot and cold water, hold a bottle of the tincture of *Musk* to the child's nose. It will materially assist in reducing the terrible spasms of the breathing.

The indications for treatment directed to prevent the attacks recurring consist in keeping the child as much in the open air as possible. The gums should be carefully watched, and lanced or scarified if at all swollen or painful. Two grains of the third trituration of *Calcarea Carbonica* should also be given twice a day.

If worms are present in the bowels, they will almost always prove to be the thread-worm. In these cases give a pilule of the 3rd dilution of *Ignatia* alternately with one of *Cina* 3 every four hours.

When constipation is the source of the irritation, a drop of the 2nd dilution of *Nux Vomica* should be given in a little water, alternately with a grain of the 1st trituration of *Sulphur* every four hours.

The food given should be pure milk; and as children liable to these attacks are very generally ill-nourished, a nightly inunction of oil or lard will be useful.

When a tendency to attacks of this character has been established, and no adequate cause for them can be detected, a complete change of air is often an effective remedy. The locality chosen should be hilly, dry, and bracing. Of such, Tunbridge Wells, Malvern, and Ilkley Wells are decidedly the best.

DIPHTHERIA.

This terrible disorder is less frequently met with in very young children than it is amongst such as are two years old and upwards. Its occurrence, however, knows no restriction of age, but is found in the adult as well as in infants and young children.

It is decidedly infectious, and therefore when one member of a family has shown symptoms of it, the other children must be at once removed from the

house. Free ventilation should be established, and a careful search instituted as to the condition of the water-closets and other sources of foul smells. For, though the matter creating a noxious smell will not produce diphtheria, it tends to repress the general health and to lower the constitutional vigour so as to predispose to disease of the diphtheria type, to render a child suffering from a common cold, for example, liable to have that cold degenerate into an attack of diphtheria.

What, then, are the chief signs by which this disease may be recognised? In an infant, the symptoms are all necessarily somewhat obscure at first, and consist of feverishness, restlessness, great languor, and an apparent difficulty in swallowing. This will lead to an examination of the throat, which will be found livid and swollen; the tonsils enlarged, with a good deal of mucus collected at the back of the throat. Presently the livid looking throat will be seen to be covered with small specks of white matter. These rapidly increase, and by agglomeration form a distinct membrane covering the tonsils. The breath has a fœtid odour peculiar to diphtheria. While these symptoms are increasing the child's strength rapidly fails; appetite he has none. The difficulty of swallowing, together

with the loss of desire for food, arising from the disordered state of the system, add to the difficulty of feeding.

The deposit on the tonsils extends, in severe cases, to the back of the throat, and occasionally down the wind-pipe, producing, in addition, all the symptoms of croup. In some instances a similar deposit is seen in the nostrils, and has been noticed on any abraded part of the skin in children suffering from diphtheria in the throat.

Constant feeding is of the utmost importance in these cases, and yet it is a matter which it is often difficult to carry out. The strongest beef-tea, or beef-juice should be administered as frequently as possible, and when swallowing becomes impossible food must be given by injections. Let the yolk of an egg be beaten up with two table-spoonsful of milk and a tea-spoonful of pepsine wine, with twenty drops of brandy. This mixture may be thrown up into the bowels every hour and a half; or better, perhaps, alternately with an injection of two table-spoonsful of beef-juice mixed with a tea-spoonful of pepsine wine. Champagne in tea-spoonful doses may be given, if swallowing is possible, every quarter of an hour. The best medicine at the onset is *Phytolacca*, of which three drops of the pure tincture

should be given every hour. If there is much fœtor from the mouth, and the membranous patch has a dirty grey appearance, or if the glands in the neck become swollen, grain doses of the 1st trituration of the *Iodide of Mercury* every two hours should be given. The *Permanganate of Potash,* in grain doses has been stated to have proved a valuable remedy in some severe cases of diphtheria. It should be mixed with an equal weight of sugar, and put dry on the tongue.

Such a case is, however, one of too serious a nature, for any mother to undertake the treatment of without medical advice. But the general principles of treatment and the most useful medicines, are such as have been named.

After recovery from an attack of diphtheria there is always great prostration, and oftentimes some feebleness of certain nerves giving rise to symptoms similar to paralysis. Change of air, especially to the sea-side is the best remedy. *Arsenic,* given in grain-doses of the 2nd trituration is the most suitable medicine, and good food with plenty of fresh air are essential to recovery. Symptoms of this kind are often a source of trouble to diptheritic patients for several months.

DISEASES OF THE SKIN.

The tender and highly vascular skin of the infant is often the seat of eruptions of various kinds.

EXCORIATIONS.

These are abrasions in those parts of the body where the skin is in loose folds. They generally arise from carelessness in not sufficiently drying a child after it has been washed. Sometimes, however, the skin is preternaturally disposed to "crack" as it is termed. When this is the case, the parts should be washed with a lotion of *Calendula*. Take a teaspoonful of the tincture, and add it to a wine-glassful of water, washing the cracks with it three or four times a day.

In some instances excoriations have been attributed, and I think justly, to the napkins having been washed in water containing soda. Wherever cracks are observed the addition of soda should be prohibited.

ERYTHEMA.

This consists in red patches appearing on different parts of the body. The skin is somewhat hot and very red; the child irritable and restless. It is

generally connected with some disordered condition of the stomach or bowels, and like many other disorders is met with during teething. When recovering, the skin is covered with a little fine white tint.

Belladonna is the most generally useful medicine. Give a drop of the 1st dilution of the tincture in a tea-spoonful of water every three hours.

ERYSIPELAS

Is rarely met with in infants. When it does occur it is a serious disease. The skin is intensely red, hot, and swollen. Most frequently it commences at the navel, and extends thence over the trunk of the body; in other cases it begins in the face, extending from one small spot as from a centre. The nose, mouth, and eyelids become swollen, rendering breathing and sucking very difficult, and effectually shutting light out from the eyeball. It extends to the scalp, and may then give rise to inflammation of the brain and convulsions. It may also take its course along the mucous surfaces of the mouth, and, passing backwards, inflame and swell the entrance to the wind-pipe so as to cause death by suffocation.

In all cases careful nursing is of the greatest importance. The nursery should be warm, and the child protected from draughts. The inflamed skin should be well dusted over with flour. Food must be given liberally, milk and beef-juice being supplied alternately every hour or two.

If there is a quick pulse with much thirst, *Aconite* will be required in half drop doses of the 1st dilution. When the redness of the skin is well pronounced, *Belladonna* must be taken alternately with the *Aconite*, half a drop of the 1st dilution being given every alternate hour. If there is considerable swelling of the eyelids, but more especially if the disease threatens to extend into the mouth and to involve the throat in its ravages, *Apis mellifica* is the remedy. In such cases it may safely be trusted to alone. Give a drop of the 1st dilution in a few drops of water every half hour until improvement sets in, and then every hour or every two hours.

After the inflammation of the skin has subsided, there will be a certain amount of "peeling." During this process, the greatest care must be taken to prevent cold. A grain of the 2nd trituration of *Arsenic* should now be given every four hours.

ROSEOLA

Is an eruption very similar in many respects to measles. It is, however, generally limited to one part of the body, and is unattended by fever or sneezing. It usually arises from some irritation, such as that caused by very hot weather, by teething, or by improper food. A drop of the 1st dilution of *Aconite*, given in a tea-spoonful of water every two or three hours, is the only medicine required.

ECZEMA

Is oftentimes an exceedingly troublesome disorder in infants and young children, and where once it has occurred is very apt to return with any attack of ill-health. It consists of an eruption of small vesicles surrounded by inflamed skin. These burst, discharge their contents, and the irritating fluid creates a great deal of irritation, itching, and inflammation of the skin. Though liable to attack any part of the body Eczema is more frequently met with behind the ear than elsewhere. It may and often does occur on the face and chin, and, less frequently, in the extremities. As the disease advances, the white watery discharge

changes into one of matter, and thick crusts of matter form over the places of irritation—in this stage it is known as *impetigo*. At the same time the general health of the child fails, he gets thin and pale and does not enjoy his food. Every care must therefore be observed to induce him to take a sufficiency, especially of milk. He should be out of doors as much as possible, and if the disease does not yield to the usual remedies, a change of air will often prove highly serviceable.

In the simple vesicular eczema, *Rhus* should be given in doses of one drop of the 1st dilution four times a day. In the pustular eczema a grain of the 2nd trit. of *Mercurius Solubilis* is the medicine most usually successful.

BURNS AND SCALDS.

Accidents from fire and boiling water are far from being so uncommon, as with the observance of due care they ought to be. They vary in their degree of severity from a simple inflammation of the skin, to its entire destruction. The shock which the system receives from a burn has an important influence in determining its results; internal inflammations being frequently set up.

Where a child has been simply scalded, without any blister being raised, wash the part with a lotion composed of ten drops of the tincture of *Cantharides* in eight table-spoonsful of water and cover the part well with a layer of cotton wool. This wool should on no account be removed until the skin is quite sound—but over it should from time to time be placed a layer of cotton wool that has been soaked in the lotion. At the same time give a drop of the 1st dilution of *Arnica* in a tea-spoonful of water every two hours.

In a severe case where large blisters rise rapidly—prick them and immediately cover the part with cotton wool. Over this place a layer of cotton wool that has been soaked in a *Carbolic Acid* liniment. To prepare this liniment, mix one drachm of *Carbolic Acid* in twelve table-spoonsful of water. Change the top dressing every three hours, but do not remove that first applied.

When matter forms and there is a free discharge, remove all dressing, and put a piece of lint soaked in an infusion of *Calendula* upon the sore, and cover it with a piece of oiled silk and a layer of cotton wool.

A drop of the 1st dilution of *Arnica* should be given every two hours.

The strength of the child should be carefully supported by the strongest nutriment his age admits of his taking; he should also be kept perfectly quiet and undisturbed by nursery noises.

STINGS OF INSECTS.

In the treatment of these troublesome bites the application of the tincture of *Ledum* is the best remedy that can be resorted to.

MEDICINAL PREPARATIONS.

It having been suggested that a List of the Medicines referred to in the preceding pages might be a convenience, the following is here presented. I would take this opportunity of suggesting to those who may desire to obtain any of them, that they should do so only from chemists who restrict themselves to the sale of preparations commonly used by medical men practising homœopathy. Purity of material and accuracy of preparation are much more likely to be secured from a homœopathic chemist, from a person who believes in the truth of homœopathy, from one whose interests are identified with those of homœopathy, than from a druggist who merely keeps a small stock of such preparations as an addition to his ordinary trade, as a dealer in the articles of materia medica used by non-homœopathic physicians. Trustworthy homœopathic chemists are now so numerous, both in London and the country, and the

means of transport of the small quantities required are so readily available, that there is little or no inconvenience occasioned by obtaining supplies of medicine from them.

Tincture of Aconite	1st dilution.
,, ,, Æsculus	ϕ
,, ,, Agnus Castus	2nd ,,
,, ,, Apis Mellifica	1st ,,
,, ,, Arnica	1st ,,
Powder of Arsenic	2nd trituration.
Tincture of Asafœtida	2nd dilution.
,, ,, Belladonna	1st ,,
,, ,, Bryonia	1st ,,
Powder of Borax	1st trituration.
,, ,, Calcarea C.	3rd ,,
Tincture of Calendula	ϕ
Ointment of Calendula	
Tincture of Camphor	ϕ
,, ,, Capsicum	2nd dilution.
Powder of Carbo Veg.	3rd trituration.
Tincture of Chamomilla	ϕ
,, ,, China	ϕ
,, ,, ,,	1st dilution.
,, ,, Cimicifuga	1st ,,
,, ,, Cina	3× ,,
,, ,, Coffea	3rd ,,
,, ,, Collinsonia	1st dec. ,,
,, ,, Crocus	ϕ
,, ,, Croton	2nd dilution.
,, ,, Cuprum Acet.	2nd ,,
,, ,, Hamamelis	ϕ
Powder of Hepar Sulphuris	2nd trituration.
Tincture of Ignatia	ϕ
Pilules of Ignatia	3rd dilution.

Tincture of Iodine	1st dilution.
,, ,, Ipecacuanha	ϕ
,, ,, ,,	1st dilution.
,, ,, Kreasote	3rd dec.,,
,, ,, Ledum	ϕ
Powder of Lycopodium	3rd trituration.
Tincture of Mercurius Corrosivus	2nd dilution.
Powder of Mercurius Iodidus	2nd trituration.
,, ,, Mercurius Solubilis	2nd ,,
Tincture of Moschus	ϕ
,, ,, Nux Vomica	1st dilution.
,, ,, ,,	2nd ,,
,, ,, Opium	1st ,,
,, ,, ,,	2nd ,,
,, ,, Phytolacca	ϕ
Powder of Plumbum Carb.	3rd trituration.
,, ,, Podophyllum	2nd ,,
Tincture Potassii Hydriodatis	3rd dilution.
Powder Quinæ Sulphatis	1st trituration.
Tincture of Rheum	1st dilution.
,, ,, Rhus	1st ,,
Powder of Sepia	3rd trituration.
Tincture of Secale	2nd dilution.
Powder of Silica	3rd trituration.
Tincture of Staphysagria	1st dilution.
Powder of Sulphur	1st trituration.
Pilules of Sulphur	6th dilution.
Powder of Tartar Emetic	2nd trituration.
Tincture of Veratrum Alb.	2nd dilution.

INDEX.

A.

PAGE

Abdomen, Enlargement of the 34
Abdominal Bandage 49
Abscess of the Breast 133
Advantages of Homœopathy 26
After-birth, Delivery of the 102
After-pains 104
Air 5
Alcohol 42
Allopathy, Homœopathy and 19
Assistance, Professional 178

B.

Basket, Infant's 91
Bathing, Necessity for daily 11, 50
,, Infant 156
Bearing-down Pains 97
Bed, Preparation of the 92
Bedding, Infant's 158
Binder, The 101
Bowels, Action of the 7, 115
Breasts, Abscess in the 133
,, Alterations in the 34
,, Preparation of the 90
,, Swelling of Infant's 186

PAGE

Bronchitis 216
Burns 232

C.

Calendula Infusion 107
Catarrh 214
Catamenia, Cessation of the 32
Child's Crowing 222
Cisterns 163
Cistern-filters 164
Cleansings, The 105
Clothing, Infant 157
Confinement, Calculation of date of a 33, 37
Constipation 66, 199
Cord, Tying the 100
Cot, Infant's 91
Convulsions 190
Cracked Nipples 131
Cradles 165
Cramp 78
Croup 217
Crowing, Child's 222

D.

Dancing 48
Debility from Nursing 128
Deficiency of Milk 123
Diarrhœa 203
Diet 39, 109, 122, 153
Difficulty in Urinating 114
Diminution of Lochia, Sudden 106
Diphtheria 224
Diseases, Causes of 2, 14
,, Hereditary 141
,, Nature of 2, 14
Diseases, Infantile 178
Disorders, Sympathetic 53

PAGE

Diuretics, Action of 9
Dress 48
,, during Labour 93
Drugs as remedies 17

E.

Eczema 231
Erect Posture during Infancy, Injury of the . . . 160
Erysipelas 229
Erythema 228
Evidences of the Truth of Homœopathy 20
Excess of Lochia 106
Excoriations 228
Excretion 2, 7
Exercise 11, 12, 46
Eyes, Inflammation of the 183

F.

Fainting 76
Faintness after Delivery 103
False-Pains 95
Feeding a Newly-born Infant 140
,, Bottles 152
,, Regularity in 150
Filters, Cistern 164
Food 3

G.

Gestation, Length of 36
Grinding Pains 97

H.

Head-ache 75
Health 1, 2, 13, 51
Heart at Birth, Structure of the 144
Heart-burn. 59
Heat, Animal 146
Helplessness of Infancy 141

PAGE

Homœopathic and Non-Homœopathic Physicians. . . 18
Homœopathy, Advantages of 26
,, and Allopathy 19
,, Evidences of the Truth of 20
,, Medical Men Practising 28
,, no Quackery 27
,, Opposition to 29
,, Reasons for Adopting 30
Horse Exercise 47
Human Milk, Constitution of 147
,, Substitutes for 148

I.

Illness, Indications of 181
Impediments to Suckling 118
Indigestion 196
Infant, Bathing an 156
,, Diet for an 153
,, Regularity in Nursing an 121, 150
,, Sleeping of an 165, 168
Infantile Diseases 178
Inflammation of the Eyes 183
,, ,, Navel 184
Insects, Stings of 234

J.

Jaundice 214

K.

Kidneys, Action of the 9

L.

Labour, Duration of 94
,, Management during 98
Liagre, Dr., Statistics by 23
Life, Physiology of Infant 136
Liver at Birth, Structure of the 144
Lungs at Birth, Structure of the 144

M.

PAGE
Maid, Nursery 168
Management during Labour 98
Marigold-tea 107
Medical Adviser 179
,, Attendant, when required 97
Medicinal Preparations 235
Medicines, The Mode of Action of 18
Mental Depression 76
Milk, Constitution of Human 147
,, Deficiency of 123
,, Fever 117
,, Substitutes for Human 148
,, Suppression of the 124
Miscarriage 80
Monthly Nurse 87

N.

Navel, Inflammation of the 184
,, Rupture of the 184
Nervous System 13, 142
Nipples, Cracked or Sore 131
Nurse, Monthly 87
Nursery, Day- 160
,, Maid 168
,, Night- 161
Nursing, Debility from 128
Nutrition 2

O.

Offensive Lochia 24
Orphan Asylum Statistics 106
Out-door Exercise 159

P.

Pains, False- 95
,, Grinding and Bearing-down 97
Physic to a New-born Infant, The folly of giving . . 140

PAGE

Physiology of Infant Life 136
Piles 72
Position during Labour 97
Pregnancy, Indications of 32
Professional Assistance 178
Purgatives, Action of 8

Q.

Quickening 35

R.

Remedies, Drugs as 17
,, Variety of 15
Respiration, The process of 5, 7
Rest after Delivery 111
Restlessness at Night 167
Roseola 231
Rupture of the Navel 184

S.

Salivation 63
Scalds 232
Secretion 3
Sickness, Morning 33, 54
Sick-room, Management of the 109
Side, Pain in the 78
Shivering 96
Skin, Action of the 11
,, of the Abdomen, Cracks in the 79
Sleeping-drops 166
,, of an Infant 165, 168
Sleeplessness 76
Sore Nipples 131
Starvation from Erroneous Feeding 150
Statistics 20, 21, 23, 24
Still-born Infants, Treatment of Apparently . . . 136
Stings of Insects 234

PAGE

Stomach at Birth, Structure of the 145
Suckling 118
Suppression of Milk 124
Sympathetic Disorders 53

T.

Teething 186
Tessier, Dr., Statistics by 21
Thrush 193
Tooth-ache 64
Tooth-rash 192

U.

Urinating, Difficulty in 114

V.

Vaccination 171
Ventilation 6, 43, 163
Vomiting 33, 54

W.

Washing an Infant 139
Water 6
Weaning 129
Wet-nurse 126